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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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## **COVER LETTER**

TO: Registration Section Division of Corporations		
SUBJECT: ITERA CIS, LLC (Name of	Limited Liability Company)	
Dear Sir or Madam:		
The enclosed Registered Agent/Registered	Office Change and fee(s) are submitted for filing.	
Please return all correspondence concerning	g this matter to the following:	
Dennis A. Foster		
(Name of Person)		
ITERA CIS, LLC	ZOUG DEC 11 PM 1:58 SECRETARY OF STATE TALLAHASSEE.FLORID	
(Firm/Company)	LARET DEC	
9995 Gate Parkway N., Suite 400	ARY TO	
(Address)	Eight P.	
Jacksonville, FL 32246	GRATI	
(City/State and Zip Code)		
For further information concerning this mat	iter, please call:	
Dennis A. Foster	at ( 904) 996-8800	
(Name of Person)	(Area Code & Daytime Telephone Number)	
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314	
Enclosed is a check for the followi	ng amount:	
<b> ▼</b> \$25 Filing Fee	\$55 Filing Fee & Certified Copy	

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the limited	d liability company is: 👤	TERA CIS, LLC
2. The mailing address of	the limited liability com	npany is : 9995 Gate Parkway N., Suite 400,
Jacksonville, FL 32246		
1/21/2000		L0000000823
3. Date of filing/registration in Florida		4. Document number
5. The name of the registe Florida Department of S		ered office address as shown on the records of the
	Steven C. Koegler	
	Name	
9995 Gate Parkway N, Suite 400		Suite 400 三篇 写 =
Address		ddress
	Jacksonville, FL 32246	
	City, S	tate and Zip Fig. 3
6. The name and address of	of the new registered age	Name Suite 400 ddress  tate and Zip ent and/or office:  SECRETARY OF STATE ORID.
	Dennis A. Foster	
	Na 9995 Gate Parkway N.,	ame Suite 400
•	· · · · · · · · · · · · · · · · · · ·	(P.O. Box NOT acceptable)
	Jacksonville	FL 32246
	City, Sta	ite and Zip
confirmed that after the chand the business office of liability company, it is her	tange or changes are made the registered agent will be by confirmed that the content tited liability company of the limited liability	. ,
Steven C. Koegler, Author	ized Signatory	
(Printed or typed name of signee)	Loa oignatory	<del></del>
I hereby accept the appoint comply with the provision and I am familiar with and Chapter 608, F.S. Or, if the address, I hereby confirms	ntment as registered ago s of all statules relative i l accept the obligations his document is being fil that theflimited liability	ent and agree to act in this capacity. I further agree to to the proper and complete performance of my duties, of my position as registered agent as provided for in ed to merely reflect a change in the registered office company has been notified in writing of this change.

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00

(Signature of Registered Agent)