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· (Re	equestor's Name)		
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PICK-UP	WAIT	MAIL.	
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Certified Copies	_ Certificates	s of Status	
Special Instructions to Filing Officer:			





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SEP 1 1 2013

T. HAMATON

COVER LETTER

TO: Registration Section Division of Corporations FOCUS TECHNOLOGIES, L.L.C. 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 this matter to the following: Amy J. Galloway Amy J. Galloway, P.A. Firm/Company 1401 East Broward Blvd., Suite 206 Address Fort Lauderdale, FL 33301 City/State and Zip Code amyjgalloway@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Amy J. Galloway Area Code & Daytime Telephone Number Name of Person STREET/COURIER ADDRESS: MAILING ADDRESS: Registration Section Registration Section **Division of Corporations** Division of Corporations P.O. Box 6327 Clifton Building Tallahassee, Florida 32314 2661 Executive Center Circle Tallahassee, Florida 32301 Enclosed is a check for the following amount: □ \$55 Filing Fee & Certified Copy ■ \$25 Filing Fee

AMY J. GALLOWAY, P.A.

Victoria Park Centre
1401 East Broward Boulevard
Suite 206
Fort Lauderdale, FL 33301
Tel. 954.315.4887
Fax 954.762.2554
amyigalloway@gmail.com

September 4, 2013

Division of Corporations
Registration/Amendment Section
Post Office Box 6327
Tallahassee, FL 32314

Re: Registered Agent/Registered Office Change of Address

Dear Sir/Madam:

Enclosed herewith you will find Check No. 005384, in the amount of \$25.00 payable to The Department of State, Division of Corporations, along with a Change of Address cover letter form for 1st Street Agency, LLC.

You will also find enclosed Check No. 005378, in the amount of \$290.00 payable to the Department of State, and Change of Address cover letter forms for the following:

- 1) BIPT, INC.
- 2) MacNeill Group, Inc.
- 3) Focus Insurance Corp.
- 4) The Focus Foundation, Inc.
- 5) Focus Finance, LLC
- Focus Claim Managers, LLC
- 7) Focus Holdings, LLC
- 8) Focus Insurance Services, LLC
- 9) Focus Technologies, LLC
- 10) Focus Real Estate Development, LLC

Please do not hesitate to contact our office if you have any questions or comments. Thank you.

to Amy J. Galloway, P.A.

Enclosures

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR ROTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.5 liability company submits the following statement in order agent, or both, in the State of Florida.	108, Florida Statutes, the er to change its registered	undersi d office d	gned or re	limited gistered
1. Name of the limited liability company: Focus Technologies, L.	L.C			· · · · · =
2. (a) Principal office address of limited liability company				
(<u>Note: MUST BE STREET ADDRESS</u>)	Suite 300			
	Sunrise, FL 33323-2804			
(b) Mailing address of limited liability company:	1300 Sawgrass Corporate Parkway	_		···
(Note: MAY BE POST OFFICE BOX)	Suite 300			
	Sunrise, FL 33323-2804			
07/31/2000	L00000009055			
3. Date of filing/registration in Florida	4. Document number			
5. (a) Registered Agent and Registered Office shown on	the records of the Florida	Dept. of	State	:
Registered Agent:	Amy J. Galloway			
Registered Office Address:	110 SE 6th Street			
Registered Office Address.	15th Floor	→ (1)	ᆹᅳ	
	Fort Lauderdale, FL 33301			
		-	<u> </u>	
		70 F	B	
(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:		င္ပ		
BYTOWN CO. C. L.		<u>ب س</u>	_	ГП
<u>NEW</u> Registered Agent:	Amy J. Galloway			\Box
NEW Desistand Office Address	4404 5 8 4 8	유두	Ş	
NEW Registered Office Address:	1401 East Broward Boulevard	_ <u>==</u>		
(MUST BE FLORIDA STREET ADDRESS)	Suite 206		33301	
	Fort Lauderdale	,۲۱	33301	
If the limited liability company is not organized under the legislation confirmed that after the change or changes are made, the Fl and the business office of the registered agent will be ident liability company, it is hereby confirmed that the change(s) the members of the limited liability company or as otherwithe operating agreement of the limited liability company.	lorida street address of the ical. Or, in the case of a forwas/were authorized by a	registere Torida li n affirm	ed of mited ative	vote of
Signature of a member or authorized representative of a member	_			
Konald Terzer				
Printed or typed name of signee	_			
I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the proud I am familiar with and accept the obligations of my pochapter 608, F.S. Or, if this document is being filed to me address, I hereby confirm that the limited liability company	gree to act in this capacit Sper and complete perfori sition as registered agent rely reflect a change in th v has been notified in writ	y. I furth nance of as provide e registe ing of thi	jer ag my å ded fo red o is chö	gree to futies, or in ffice inge.

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

Signature of Registered Agent