## Florida Department of State

Division of Corporations Public Access System Katherine Harris, Secretary of State

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To:

Division of Corporations

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From:

Account Name

: BARNETT, BOLT, KIRKWOOD & LONG

Account Number : 072731001155

Phone

(813)253-2020

Fax Number

(813) 251-6711

## REGISTERED AGENT CHANGE

STRUCTURED SYSTEMS HOLDINGS, LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

## STÄTEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, the undersigned corporation organized under the laws of the State of Florida 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 corporation: Structured Systems Holdings, LLC	
2. The mailing address of the corporation: 801 S. Florida Avenue, Ste. 7	<del></del> -
Lakeland, FL 33801	_
3. Date of incorporation/qualification: 5/22/01 Document number: L01000008109	_
4. The name and address of the current registered agent and office:	
Craig E. Behrenfeld	
601 Bayshore Blvd., Ste. 700	-
Tampa, FL 33606	
<ol> <li>The name and address of the new registered agent (if changed) and/or registered office (if changed):</li> <li>(P. O. Box Not Acceptable)</li> </ol>	
Kristopher A. Michie	
801 S. Florida Avenue, Ste. 7	
Lakeland, FL 33801	
The street address of its registered office and the street address of the business office of its registered agent, as changed, will be identical.	
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board.	
(Signature of an officer, chairman of the board) 6/20/01	
Kristopher A. Michie, Member (Printed or typed name and title)	
Having been named as registered agent and to accept service of process for the above stated corporation, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as	
Kristopher A. Michie 6/20/01	
(Date)	
If signing on behalf of an entity:	
(Typed or Printed Name) (Capacity)	<u>:</u>
* * * FILING FEE: \$35.00 * * *	
2011/10 1 1313	

CR2E045(9/00)

DIVISION OF CORPORATIONS

P.O. Box 6327

TALLAHASSER, FL 32314