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To:

Division of Corporations Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM Account Number : FCA000000023 Phone : (850)222-1092 Fax Number : (850)878-5368



Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:____

LLC REGISTERED AGENT CHANGE NARBITEC, LLC

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COVER LETTER TO: **Registration Section Division of Corporations** NARBITEC, LLC SUBJECT: Name of Limited Liability Company Dear Sir or Madam: The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing. MIJHAR 12 M 8:50 SECRETARY OF STAT Please return all correspondence concerning this matter to the following: **Robin Feingles** Name of Person Brightstar Corp. Firm/Company 9725 NW 117 AVENUE, STE 300 Address **MIAMI FL 33178** City/State and Zip Code Robin.Feinglas@brightstarcorp.com E-muil address: (to be used for future annual report notification) For further information concerning this matter, please call: at (Name of Person Area Code & Daytime Telephone Number STREET/COURIER ADDRESS: MAILING ADDRESS: Registration Section **Registration Section** Division of Corporations **Division of Corporations** Clifton Building P.O. Box 6327 2661 Executive Center Circle Tallahasses, Florida 32314 Tallahassee, Florida 32301 Enclosed is a check for the following amount: □ \$25 Filing Fee □ \$55 Filing Fee & Certified Copy INHS18 (5/08)

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Pursuant to the provisions of sections 608.410 or 6 liability company submits the following statement in agent, or both, in the State of Florida.	i08.508, Florida Statutes, the undersigned limited order to change its registered office or registered
1. Name of the limited liability company: NARBITEC	LLC
2. (a) Principal office address of limited liability com (Note: MUST BE STREET ADDRESS)	pany: 9725 NW 117 AVENUE, STE 300 725 75 75 75 75 75 75 75 75 75 75 75 75 75
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	Free Trans
4414.0 19004	K 01000011333
07/12/2001 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:	CORPORATION SERVICE COMPANY
Registered Office Address:	1201 HAYS STREET TALLAHASSEE PL 32301
(b) Enter name of <u>NEW Registered Agent</u> and/or, <u>NEW</u> Registered Agent:	<u>C T Corporation System</u>
<u>NEW</u> Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	1200 South Pine Island Road Plantation ,FL 33324
If the limited liability company is not organized under i confirmed that after the change or changes are made, th and the business office of the registered agent will be is liability company, it is hereby confirmed that the chang the members of the limited liability company or as othe the operating agreement of the limited liability compan MALL MAN Signifier of a member or authorized representative of a member	e Florida street address of the registered office ientical. Or, in the case of a Florida limited re(s) was/were authorized by an affirmative vote of rwise provided in the articles of organization or
Angel Shearer Printed or typed name of signee	
I hereby accept the appointment as registered agent an comply with the provisions of all statutes relative to the and I am familiar with and accept the obligations of my Chapter 608, F.S. Or. if this accument is being flice to address, I hereby confirm that the fimited liability comp C T Corporation System	t k
By: CI Conputation System Koulica Tort Signature of Registered Agant Division of Corporations, P.O. Box	

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