Le Constitution Division of Comparation Page 1 of 2

Florida Department of State

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

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H010001104842)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)205-0380

From:

Account Name : BARNETT, BOLT, KIRKWOOD & LONG

Account Number : 072731001155 Phone : (813)253-2020 Fax Number : (813)251-6711

FALT

RECEIVED 01 OCT 29 AM II: 35 VISION OF CORPORATION

REGISTERED AGENT CHANGE

A1 COMPUTER SOLUTIONS, LLC

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

H01000110484 2

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	e limited liability company is: A1 Co	mputer Solutions, LL	<u>.C</u> .
;	dress of the limited liability company is		
z. The manning ad	iness of the finned macrity company is		
		Zephyrhills, FL	33540
9/21/01		L01000016	266
3. Date of filing/re	egistration in Florida	4. Document num	
		1.1	4
5. The name of the Florida Departm	registered agent and the registered offi	ce address as shown of	a the records of the
rioma Deparin	Clive F. Ure		-
	Name		
Ţ	5240 Nineteenth Stre	eet	2E
ľ	Address		
	Zephyrhills, FL 3354	0	
	City, State and	l Zip	130 175 175 175
6. The name and a	ddress of the new registered agent and/	or office:	
<u>:</u>	Reinland D. Bellian		7 ST
	Michael D. Miller Name		
• :	601 Bayshore Bly	d Ste 700	, > ''
!	Florida street address (P.O. Be		•
	2,00.000	,	
İ		33606	
	City, State and	-	
confirmed that after and the business of the inability company, the members of the operatural agree.	lity company is not organized under the crithe change or changes are made, the liffice of the registered agent will be identified that the change is a limited liability company or as otherweshed of the limited liability company. Oranthorized representative of a member)	Florida street address on tical. Or, in the case of th	of the registered office of a Florida limited -by-an affirmative vote of
Clive F. Uក់	e		
(Printed or typed name		— . ·	
I hereby accept the comply with the pin and I am familiar Chapter 608, F.S. address, I hereby W	ne appointment as registered agent and rovisions of all statutes relative to the p with and accept the obligations of my p Or, if this document is being filed to m confirm that the limited liability compa		pacity. I further agree to rformance of my duties, gent as provided for in in the registered office writing of this change.
(Signature of Registere	Agent) Michael D. Miller	· · · · · · · · · · · · · · · · · · ·	£
Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314			
INHS18(10/99)	FILING FEE:	\$25.00	