* AMENDED *

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
03 SEP 16 AM 9:00
SECRETARY OF STATE
TALLAHASSEE FLORIDA

09-11-2003 90042 045 ****50.00

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DOCUMENT # L01000016266

1. Entity Name
A1 COMPUTER SOLUTIONS, LLC

Principal Place of Business	Mailing Address
5240 NINETEENTH STREET ZEPHYRHILLS, FL 33540	~~5240 NINETEENTH STREET~~ ~~ZEPHYRHILLS, FL 33540~~ Correction:

2. Principal Place of Business		3. Mailing Address	
		Po Box 48245	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State: Tampa, Florida	
Zip	Country	Zip: 33647	Country

9/16

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number: 59-3745312 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MILLER, MICHAEL D 601 BAYSHORE BLVD. SUITE 700 TAMPA, FL 33606	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE ______ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

[illegible]

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE	PST ☐ Delete	TITLE	PST ☒ Change ☐ Addition
NAME	WARE, MARK J	NAME	Ware, mark Jerome
STREET ADDRESS	~~5240 NINETEENTH STREET~~	STREET ADDRESS	18104 Antietam Court PO Box 48245
CITY-ST-ZIP	~~ZEPHYRHILLS, FL 33540~~ Correction:	CITY-ST-ZIP	Tampa, FL 33647
TITLE	EVP ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	URE, CLIVE F	NAME	
STREET ADDRESS	5240 NINETEENTH STREET	STREET ADDRESS	
CITY-ST-ZIP	ZEPHYRHILLS, FL 33540	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

CR2E083 (10/02)

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: Mark Jerome Ware 090803 813-866-9033

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE | Date | Daytime Phone #