

(Requestor's Name)
(Address)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
,
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
LO1-19788





11/15/04--01067--001 **225.00



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.

agent, or com, in the state	9 1 10/1000					
1. The name of the limited	liability company is:	METATECI	H SOLUTION &	SUPPORT,	LLC	
2. The mailing address of t						
STE. #L8319, SARASO						
11/15/2001			L01000019788			
3. Date of filing/registratio	ber					
5. The name of the registers Florida Department of St		ered office ad	dress as shown or	1 the records o	f the	
_		EPH EVANS				
	1455 TALLEVAST	Name ROAD, STI	E. #L8319			
-		Address A , FLORID	A 34243			
-	City, S	State and Zip		-		
6. The name and address of	the new registered ag	ent and/or off	ice:			
_	JOSI	EPH EVANS)	4		
	1901 60 T i	lame H PLACE, S	TE, #L8319			
<u>-</u> -	Florida street address	(P.O. Box N	OT acceptable)			
	BRADENTON	FL	34203			
	City, St	ate and Zip				
If the limited liability comp confirmed that after the cha and the business office of the liability company, it is here the members of the limited the operating agreement of the limited that the operating agreement of the limited that the limited that after the limited that after the limited that after the characteristic and limited that after the limited that aft	ange or changes are make registered agent will by confirmed that the liability company or a the limited liability co	ide, the Florid I be identical change(s) was s otherwise p impany.	of the State of Flastreet address of Or, in the case of Swere authorized rovided in the artificial of the state of the sta	of the registered of a Florida ling by an affirmaticles of organications	eby d offinited five y zation	ce ote of
authorised signatory Fo	tnostress Corporate	Manage				
(Printed or typed name of signee)			-	-	വ	2r.
I hereby accept the appoint comply with the provisions and I am familiar with and Chapter 608, 1/5. Or, if the address, I hereby confirm to (Signature of Registered Agent)	tment as registered ag of all statutes relative accept the obligations is document is being f hat the limited liabilit	rent and agree to the proper to fmy positic iled to merely y company ha	e to act in this cap cand complete de on as registered de reflect a change s been notified in	pacity. I further formance of i gent as provid in the register writing of this	er agn ny du ed foi ed off chai	ee to ties, r in fice nge.

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

INHS18(10/99)

FILING FEE: \$25.00