Division of Corporations **Electronic Filing Cover Sheet** 

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (855)330-1010

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## LLC REGISTERED AGENT CHANGE IT MANAGEMENT GROUP LLC

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## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, 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.

. (a)		(b)			
()	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)			Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
	07/22/2002		2000018343		
	Date of filing/registration in Florida	4.	Document	number	
<i>(</i> )	BUSINESS FILINGS INCORPORATED				
5. (a)	Registered Agent and Registered Office shown on the records	of the Florida De	pt. of State:		
	1200 South Pine Island Road				
	Registered Office Address (MUST BE FLORIDA STREE	ET ADDRESS)	<del></del>		
	Plantation	FL_33324		`\$} →	
	Registered Agents Inc.			FILI 2821 AUG 1 6 SEC JANE ALLIJANSSE	
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Register</u>	red Office addres	<u>s</u> :	7.55 B	
	7901 4th St N			FILEB	
	NEW Registered Office Address:				
	STE 300			25 S	
	St. Petersburg	FL_33702		<b>)</b> -	
he cha gent v vas/wa	imited liability company is not organized under the inge or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited at each orized by an affirmative vote of the membericles of organization or the operating agreement of the second control of the control of the operating agreement of the operating agr	s of the register I liability comp rs of the limited	red office and the bu pany, it is hereby co d liability company	asiness office of the registere of the registere of the change (s)	
	R: Luy Tak ture of a member or authorized representative of a member	Riley F			
			•	yped name of signee	
rovisi he obl o mer	by accept the appointment as registered agent and sions of all statutes relative to the proper and compligations of my position as registered agent as provely reflect a change in the registered office address dim writing of this change.  Bill Havre - Assist	agree to act in ele performanc ided for in Cha , I hereby confi ant Secretar	e of my duties, and option of my duties, and option of the state of th	ther agree to comply with th I am familiar with and acce if this document is being file liability company has been	

Signature of Registered Agent