

LO4 000022456

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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2007 JUN 18 AM 10:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LO4-22456
OK

MacElree Harvey, Ltd.
Attorneys at Law
17 West Miner Street
Post Office Box 660
West Chester, PA 19381-0660



June 12, 2007

Harry J. DiDonato

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

hdiDonato@macelree.com
p] 610.840.0237
f] 610.429.4486

Re: Premier Integrated Solutions, LLC

Dear Sir or Madam:

Kindly be advised that this office represents the above-named Florida limited liability company. Enclosed for filing on behalf of the company are a Cover Letter and Statement of Change of Registered Office and Registered Agent. A check payable to the Florida Secretary of State in the amount of \$25.00 is also enclosed to cover your fee for same.

Please complete the filing and return the filed document to me at the above address. Feel free to call my office if you have any questions. Thank you for your cooperation in this matter.

Sincerely,

A handwritten signature in cursive script that reads "Harry J. DiDonato/kad".

Harry J. DiDonato
/kad

Enclosures
333317

132109.48398

cc: Robert Gose, CFO (w/ enc.)

2007 JUN 13 AM 10:06
STATE OF FLORIDA
TALLAHASSEE, FLORIDA

FILED

10/24/07

RECEIVED
FLORIDA DIVISION OF CORPORATIONS
REGISTRATION SECTION
P.O. BOX 6327
TALLAHASSEE, FL 32314
JUN 13 2007

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Premier Integrated Solutions, LLC
(Name of Limited Liability Company)

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Harry J. DiDonato, Esquire
(Name of Person)

MacElree Harvey, Ltd.
(Firm/Company)

17 W. Miner Street, P.O. Box 660
(Address)

West Chester, PA 19381-0660
(City/State and Zip Code)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Harry J. DiDonato, Esq at (610) 436-0100
(Name of Person) (Area Code & Daytime Telephone Number)

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

**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 limited liability company is: Premier Integrated Solutions, LLC
2. The mailing address of the limited liability company is : 204 Gale Lane, P. O. Box 69,
Kennett Square, PA 19348

- January 14, 2005 0502690
3. Date of filing/registration in Florida 4. Document number

5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

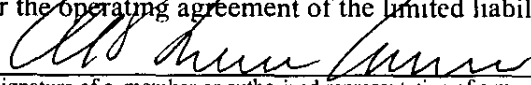
CT Corporation System
Name
1200 South Pine Island Road
Address
Plantation, FL 33324
City, State and Zip

6. The name and address of the new registered agent and/or office:

Robert Moorhead
Name
4661 Oak Fair Boulevard
Florida street address (P.O. Box NOT acceptable)
Tampa, FL 33610
City, State and Zip

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TALLAHASSEE, FLORIDA

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.


(Signature of a member or authorized representative of a member)

W. Thomas Musser, Manager

(Printed or typed name of signer)

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.


(Signature of Registered Agent)
Robert Moorhead

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314
FILING FEE: \$25.00