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EXAMINER

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\$25 Filing Fee

INHS18 (2/14)

TO: Registration Section Division of Corporations
SUBJECT: Bit Defender 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:
J, M. G1221e Name of Person
Bitdefender LLC
Firm/Company
6301 NW 5th WAY #4300 Address
ForT Lauderdale FL 33309 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
T, M, G1221e at (954) 776 6262 X 224 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:

□ \$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 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.

	ame of the limited liability company: Bit defender LLC
	ame of the limited liability company: 1317 OR TENUER LLC
2. (a)	Principal office address of limited liability company: (Nate: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX) (Note: MAY BE POST OFFICE BOX) (Note: MAY BE POST OFFICE BOX) FORT LAuderdale, FL 33309 Fort Lauderdale, FL 33309
3.	Date of filing/registration in Florida Document number Tell Formal & Assurable 194
5. (a)	Registered Agent and Registered Office shown on the records of the Florida Dept. of State: 2863 Executive Dan Dr - Suite / WS Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
. (b)	J. M. G1221e - Bitdefender LLC Enter name of NEW Registered Agent and/or NEW Registered Office address:
	L301 NW 5th Way - Suite 4300 NEW Registered Office Address:
	Fort Lander Unla FL 33309
the cha agent v was/we	imited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after ange or changes are made, the Florida street address of the registered office and the business office of the registered will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) ere authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in icles of organization or the operating agreement of the limited liability company.
Ihava	ture of a member of a member of a member Printed or typed name of signee by accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the ions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept ligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed ely reflect a change in the registered office address, I hereby confirm that the limited liability company has been d in my titing of this change.