L04000044762

(Requestor's Name)						
(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:						
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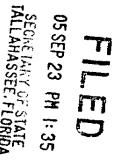
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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: DYNETECH ACQUS (Name)	SITION I, LLC of Limited Liability Company)
Dear Sir or Madam:	
The enclosed Registered Agent/Registere	ed Office Change and fee(s) are submitted for filing.
Please return all correspondence concern	ing this matter to the following:
Patricia T. Wilson	·
(Name of Person)	
Pino & Rosin (Firm/Company)	Section 1
255 S. Orange Avenue, 6th Flo	or Service of the ser
(Address)	or PH 1: 35
Orlando, FL 32801 (City/State and Zip Code)	- Smi Oi
For further information concerning this m	natter, please call:
Patricia Wilson	at (407) 206-6513
(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 follow	wing 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 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 I	iability company is:	DYNETEC	H ACQUISITION I,	LLC
2. The mailing address of th				
	e immed hability ec	mpany is : <u>z</u>	.oo o. orange 7 to	0., 0., 1.001
Orlando, FL 32801				
June 14, 2004			L04000044762	
3. Date of filing/registration	in Florida		4. Document num	ıber
5. The name of the registered Florida Department of Sta	I agent and the registe:	stered office	address as shown c	on the records of the
<u>L</u> :	aurence J. Pinc			
_		Name		•
<u>2</u> :	55 S. Orange Av	e., 6th Floo	or	
0		Address		
<u>U</u>	rlando, FL 32801	State and Zi	<u> </u>	m. 0
6. The name and address of t	• •	•	•	S SEP
Si	ephen V. Rosin			ASS 23
		Name		Fro R
	55 S. Orange Ave			
F	lorida street address	s (P.O. Box I	NOT acceptable)	FLORITE
<u>O</u>		FL 3280		P
	City, S	State and Zip		
If the limited liability compa confirmed that after the chan and the business office of the liability company, it is hereb of the members of the limite or the operating agreement o	ge or changes are me registered agent with y confirmed that the disability company	nade, the Flor ill be identie: change(s) wor as otherw	rida stre et address of Or, in the case	of the registered office of a Florida limited
(Signature of a member or authorized	representative of a member	er)		
By Laurence 1. Pino Pres (Printed or typed name of signee)	sident of Dynetech	Corporation	on, Member	
I hereby accept the appoints comply with the provisions o and I am familiar with and a Chapter 608, F.S. Or, if this address, I hereby confirm the	nent as registered a f all statules relative ccept the obligation document is being at the limited liabili	gent and agr e to the prop is of my posit filed to mere ty company h	ee to act in this ca er and complete pe ion as registered by reflect a change as been notified in	pacity. I further agree to irformance of my duties, igent as provided for in in the registered office writing of this change.

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

(Signature of Registered Agent)