Division of Corporations



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H240002340313)))



H240002340313ABCT

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENT SOLUTIONS INC

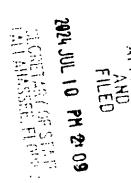
Account Number : I20100000062 Phone : (888)705-7274 Fax Number : (888)706-7274

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address:

## LLC REGISTERED AGENT CHANGE PRACTICEWISE, LLC

Certificate of Status	0
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Page Count	01
Estimated Charge	\$25.00



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				m240002340313
		COVE	R LETTER	
TO: Re	gistration Section			
	vision of Corporations			
SUBJECT	PracticeWise, LLC			
OD BOLC I	•	d Liability Company		
Dear Sir or	Madam:			
The enclos	ed Registered Agent/Registered	d Office Change s	and fac(s) are submitted for	on filling
The cheros	ed Registered Agent Registered	7 Office Change a	and ree(s) are submitted to	r ming.
Please retu	m all correspondence concerni	ng this matter to t	he following:	
David Dalei	iden			
			<del></del>	
	Name of Person			
PracticeWis	e, LLC			
	p: , o		<del></del>	
	Firm/Company			
340 Lec Av	<b>c</b> .			
	Add <b>re</b> ss			
Satellite Bea	<del>a</del> ch			
<del></del>	City/State and Zip Co			
	City/State and Zip CC	ode		
ADMIN@P	RACTICEWISE.COM			
E-ma	l address: (to be used for future	e annual report no	tification)	
r	:- C	مالية معمدة عمالة		
ror turtner	information concerning this ma	atter, piease cair;		
David Dalci	den	321	7798360	
	Name of Person	at (	Area Code & Daytin	ne Telephone Number
	Name of Ferson		Alea Code & Dayin	ne relephone retimoer
	iling Address:		Street Address:	
	gistration Section		Registration Section	
	vision of Corporations		Division of Corpo	
P.(	D. Box 6327		The Centre of Tall	
Ta	llahassee, FL 32314		2415 N. Monroe S	• •
			Tallahassee, FL 32	2303
En	closed is a check for the follow	wing amount:		
	\$25 Filing Fee	0	\$55 Filing Fee & Certifi	ed Copy

## H24000234031 3

## 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.

I. N	ame of the limited liability company:	.C	
2. (a)	340 Lee Ave	(b) 340 Lec	Ave
-/ (/	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	Satellite Beach, FL 32937	Satellite B	leach, FL 32937
	9/14/04	L04000067	566
3.	Date of filing/registration in Florida	4.	Document number
5. (a)			
(-,	Registered Agent and Registered Office shown on the records of	the Florida Dept. of Stat	- e:
	Eric Daleiden		
	Registered Office Address (MUST BE FLORIDA STREET)	ADDRESS)	-
	340 Lce Ave		
	Satellite Beach . FL	32937	. ~
			APPROPRIATE PARTY AND FALLE PA
(b)	Enter name of NEW Registered Agent and/or NEW Registered		
	Enter name of NEW Registered Agent and/or NEW Registered	Office address:	
	Registered Agent Solutions, Inc.		무슨 💆 💆
	NEW Registered Office Address:		mes No.
	2894 Remington Green Ln., Stc. A	······································	
	Tallahassee , FL	32308	·-
change	imited liability company is not organized under the lave or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited lia	vs of the State of Floregistered office and ibility company, it is	d the business office of the registered shereby confirmed that the change(s)
was/w	ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the	limited liability con	y company or as otherwise provided in pany.
<u> </u>	3	Eric Daleiden	Brighted or to and name of clambs
f ferrance	dure of a member of authorized representative of a member	us to get in this cars	Printed or typed name of signee
provisi the obt to mer	by accept the appointment as registered agent and agrions of all statutes relative to the proper and complete ligations of my position as registered agent as provided ely reflect a change in the registered office address. It din writing of this change.	ee to act in this capa performance of my of I for in Chapter 605 nereby confirm that	icity. I furiner agree to comply with the duties, and I am familiar with and accept . F.S. Or, if this document is being filed the limited liability company has been
	Mackenzie Hibler, Asst. Secretary		
Signatu	ire of Registered Agent		