

L04000079094

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

C. LEWIS

DEC 1 2009

EXAMINER



National Registered Agents, Inc.
... "NRAI, the best choice for statutory representation"

November 23, 2009

Division of Corporations
Florida Department of State
P. O. Box 6327
Tallahassee, FL 32314

RE: CONNEXTIONS HCI LLC
Order # PS-09-0367

Dear Sir/Madam:

We now enclose for filing the documents identified below:

<input type="checkbox"/> INCORPORATION	<input type="checkbox"/> MERGER
	<input type="checkbox"/> A. Domestic
<input type="checkbox"/> QUALIFICATION	<input type="checkbox"/> B. Foreign
<input checked="" type="checkbox"/> CHANGE OF AGENT/OFFICE	<input type="checkbox"/> DISSOLUTION
<input type="checkbox"/> A. Domestic	<input type="checkbox"/> A. Statement of Intent
<input checked="" type="checkbox"/> B. Foreign	<input type="checkbox"/> B. Certificate of Dissolution
<input type="checkbox"/> AMENDMENT	<input type="checkbox"/> WITHDRAWAL
<input type="checkbox"/> A. Domestic	
<input type="checkbox"/> B. Foreign	<input type="checkbox"/> OTHER

Kindly send evidence to the undersigned. If there are any problems, please call us on our toll-free number 1-877-261-6823.

PLEASE RETURN TO:
Peter F. Souza
NRAI SERVICES, INC
2731 EXECUTIVE PARK DRIVE
SUITE 4
WESTON, FL 33331
EMAIL: psouza@gecgrp.com

PLEASE CALL ME AT: 1 877-261-6823 IF THERE ARE ANY QUESTIONS.

Thank you!

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CONNECTIONS HCI, 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:

Peter F. Souza

(Name of Person)

GEC Group, LLC

(Firm/Company)

2731 Executive Park Drive, Suite 4

(Address)

Weston, FL 33331

(City/State and Zip Code)

For further information concerning this matter, please call:

Peter F. Souza

(Name of Person)

at (877) 261-6823 x1759

(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: CONNEXIONS HCI, LLC

2. The mailing address of the limited liability company is : _____

3600 ECOMMERCE PLACE, ORLANDO FL 32808

11/01/2004

L04000079094

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:

CORPORATION SERVICE COMPANY

Name

1201 HAYS STREET

Address

TALLAHASSEE FL 32301-2525

City, State and Zip

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

NRAI Services, Inc.

Name

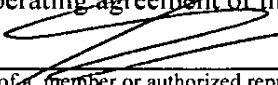
2731 Executive Park Drive, Suite 4

Florida street address (P.O. Box NOT acceptable)

Weston FL 33331

City, State and Zip

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)

11/13/04

Stephen B. Kaplan SVP/Managing Director of Connexions, Inc.

(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.
NRAI Services, Inc.

(Signature of Registered Agent)

Peter F. Souza, Assistant Secretary

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

FILING FEE: \$25.00

FILED
2009 NOV 30 AM 8:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA