

Jan. 4. 2010

LD4000087031

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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.

((H09000267583 3)))



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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : TRIDENT TITLE LLC
Account Number : I20090000078
Phone : (561) 515-2920
Fax Number : (561) 515-2939

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

Email Address: _____

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
PROTOCOL SUPPORT, LLC**

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

D. BRUCE

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Electronic Filing Menu

Corporate Filing Menu

EXAMINER

Jan. 4, 2010 10:40AM

1/4/2010 10:23:55 AM PAGE

1/001

Fax No. 0737

P. 1/6



January 4, 2010

PROTOCOL SUPPORT, LLC
2406 N PINE AVE
OCALA, FL 34475US

SUBJECT: PROTOCOL SUPPORT, LLC
REF: L04000087031

FLORIDA DEPARTMENT OF STATE
Division of Corporations

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TALLAHASSEE, FLORIDA

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The registered agent must sign accepting the designation.

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6984.

Deborah Bruce
Regulatory Specialist II

FAX Aud. #: B09000267583
Letter Number: 510A00000021

RECEIVED
10 JAN -4 PM 2:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Jan. 4. 2010 10:41AM

No. 0737 P. 4/6
(((H09000267583 3)))

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Protocol Support, LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Andrea M. Holloway

Name of Person

Law Office of Paul A. Krasker, P.A.

Firm/Company

225 South Olive Avenue

Address

West Palm Beach, Florida 33401

City/State and Zip Code

aholloway@kraskerlaw.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kim Woodward

Name of Person

at (561)

515-2923

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee

☐ \$30.00 Filing Fee &
Certificate of Status

☐ \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☐ \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

MAILING ADDRESS:

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

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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TALLAHASSEE, FLORIDA

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Jan. 4. 2010 10:41AM

No. 0737 P. 5/6
(((H09000267583 3)))

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

Protocol Support, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 12/02/2004 and assigned
Florida document number L04000087031

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

225 South Olive Avenue
West Palm Beach, Florida 33401

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

225 South Olive Avenue
West Palm Beach, Florida 33401

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TALLAHASSEE, FLORIDA

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: Paul A. Krasker

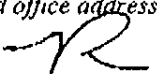
New Registered Office Address: 225 South Olive Avenue

Enter Florida street address

West Palm Beach, Florida 33401
City Zip Code

New Registered Agent's Signature, if changing Registered Agent:

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.


If Changing Registered Agent, Signature of New Registered Agent

Jan. 4. 2010 10:41AM

No. 0737 P. 6/6
(((H09000267583 3)))

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Active USA LLC	225 South Olive Avenue West Palm Beach, Florida 33401	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	Christopher W. Bradford	2406 N.W. Pine Avenue Ocala, Florida 34475	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary)

Dated _____

Signature of a member or authorized representative of a member

Paul A. Krasker

Typed or printed name of signer

Page 2 of 2

Filing Fee: \$25.00

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