1050000 1471

(Requestor's Name)				
(Address)				
, , , ,				
ZA Maran X				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Dusiness Littly Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				

Office Use Only



300334337383

EST THE ROLL OF LOT ARREST

TILED WAR

001 - 0 2013

COVER LETTER

TO: Registration Section Division of Corporations						
SUBJECT:	Change Registered Agent Name Address					
Name of Limited Liability Company						
Dear Sir or M	fadam:					
The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.						
Please return all correspondence concerning this matter to the following:						
Hassan F I	Hares					
<u> </u>	Name of Person		-			
ekeyUSA Systems, LLC						
	Firm/Company		-			
1950 North	gate BLVD STE D2					
	Address		•			
Sarasota, F	FL 34234-2167					
City/State and Zip Code						
Hassan.Hares@ekeyUSA.com						
E-mail a	ddress: (to be used for future annual r	eport notifica	ition)			
For further information concerning this matter, please call:						
Hassan Hai	res at	941	870-4757			
	Name of Person	1	Area Code & Daytime Telephone Number			
Regist Divisi Cliftor 2661 I	CET/COURIER ADDRESS: tration Section on of Corporations n Building Executive Center Circle tassee, Florida 32301	Regis Divisi P.O. I	LING ADDRESS: tration Section ion of Corporations Box 6327 nassee, Florida 32314			
Enclo	sed is a check for the following amo	unt:				

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

1. N	lame of the limited liability company: ekeyUSA	Systems, LLC			
2. (a)	1950 Northgate BLVD STE D2	(b) 1950 N	(b) 1950 Northgate BLVD STE D2		
``	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) Sarasota, FL 34234-2167		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) sta, FL 34234-2167		
	01/05/2005	L050000	001471		
3.	Date of filing/registration in Florida	4.	Document number		
5. (a)					
	Registered Agent and Registered Office shown on the records 1950 Northgate BLVD STE D2	s of the Florida Dept. of Sta			
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)					
	Sarasota	FL_34234-2167			
(b)	Hassan F Hares				
	Enter name of NEW Registered Agent and/or NEW Register	red Office address:	_		
	1950 Northgate BLVD STE D 2				
	NEW Registered Office Address:		_		
	Sarasota	FL_34234-2167	_ _		
agent was/w	limited liability company is not organized under the ange or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited ere authorized by an affirmative vote of the member icles of organization or the operating agreement of the case.	s of the registered offic I liability company, it rs of the limited liabili	te and the business office of the registered is hereby confirmed that the change(s)		
daman dan Hassan Hares			es		
	Signature of a member or authorized representative of a member Printed or typed name of signee				
the obj	by accept the appointment as registered agent and a ions of all statutes relative to the proper and compl ligations of my position as registered agent as provi ely reflect a change in the registered office address, d'in writing of this change.	agree to act in this cap ete performance of my ided for in Chapter 60 , I hereby confirm that	pacity. I further agree to comply with the duties, and I am Jamiliar with and accept 5, F.S. Or, if this document is being filed the limited liability company has been		

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

Signature of Registered Agent