Division of Corporations Public Access System

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Division of Corporations

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From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023

Phone : (850)222-1092 Fax Number : (850)878-5926



REGISTERED AGENT CHANGE

INFORMED DECISIONS, LLC

	\$ 55.	00
Estimated Charge	\$87.6	8
Page Count	02	
Certified Copy	1	
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J. BRYAN

JUL 2 1 2008

EXAMINER

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Help

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.	Na	me of the limited liability company:	Informed Decisions	LLC	····			
2.	(a)	Principal office address of limited li (Note: MUST BE STREET ADD.	ability company: <i>RESS</i>)	320 W. Kennedy Boulevard, Suite 44 Tampa, FL 33606	00			
	(b)	Mailing address of limited liability (Note: MAY BE POST OFFICE)	company:	2 Newton Place, Suite 50 Newton, MA 024581				
				•	08 JUL 21			
		2005		.05000020035				
3.	Dat	e of filing/registration in Florida	4	Document number	2			
5 .	(a)	Registered Agent and Registered Office shown on the records of the Florida Dept. of State:						
		Registered Agent:	1	Russell S. Thomas				
		Registered Office Address:		320 W. Kennedy Boulevard, Suite 400 Tampa, FL 33606				
NEW Registered Agent: NEW Registered Office Address: (MUST BE FLORIDA STREET AL				C T Corporation System 1200 South Pine Island Road				
		MUST BE FLORIDA STREET A	DDRESS)					
			-	Plantation n,F	L_33324			
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)								
75	inted	P. Simonton, Assistant Vice President or typed name of signec) the accept the appointment as register	ered agent and ag	ree to got in this capacity. I fur	ther agree to			
-	•	by accept the appointment as registery with the provisions of all statutes remiliar with and accept the obligation. or, if this document is being filed to not that the limited liability company of the		per and complete performance of strength of the second of this change.	of my duties, and f for in Chapter 608, laress, I hereby			
(Si		ne-of Registered Agent)	mehanna.					
	Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314							

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

INHS18 (05/08)