## U5000000907

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

Office Use Only



000214349490

11/21/11--01030--009 \*\*25.00

FILED

11 NOV 21 PM 1: 46

D. BRUCE
NOV 2 2 2011
EXAMINER

## 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.

agein, or com, in the state of a tortain.	· ^
1. Name of the limited liability company: Governmen	Ital Ugnagement-Services-Central Flow
2. (a) Principal office address of limited liability compar	ny: 13575 Village Park Drive
(Note: MUST BE STREET ADDRESS)	Suite 245 Orlando, FL 32837
(b) Mailing address of limited liability company:	13575 Village Park Drive
(Note: MAY BE POST OFFICE BOX)	Suite 245 Dylando, FL 32837
(19 2005	L05000040907
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office shown or	n the records of the Florida Dept. of State:
Registered Agent:	League + Jesperson, P.A.
Registered Office Address:	3955 Riverside Ave. Suite 100 Gackson villa FL 2205
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Agent</u> :	EW Registered Office address:  Creorge Flint  13574 Village Park Dive
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	Suite 245 Orlando ,FL 32837
If the limited liability company is not organized under the confirmed that after the change or changes are made, the land the business office of the registered agent will be ider liability company, it is hereby confirmed that the change (so the members of the limited liability company or as other or the operating agreement of the limited liability company.  Signature of a member or authorized representative of a member  Printed or typed name of signee  I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the provisions.	Florida street address of the registered office nitical. Or, in the case of a Florida limited s) was/were authorized by mafaffirmative vote erwise provided in the articles of organization by.  AND
comply with the provisions of all statutes relative to the provisions of all statutes relative to the provisions of all am familiar with and accept the obligations of my provided to manage the configuration of the limited liability comparation of Registered Agent	osition as registered agent as provided for in erely reflect a change in the registered office ny has been notified in writing of this change.

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

7