

206000025924

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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(Business Entity Name)

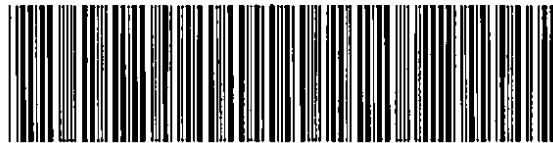
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TALLAHASSEE, FL

OLS  
8-17-18

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Cervello Technologies, L.L.C.  
\_\_\_\_\_  
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:

Barbara J. Prasse, Esq.

\_\_\_\_\_  
Name of Person

Barbara J. Prasse, P.A.

\_\_\_\_\_  
Firm/Company

Post Office Box 173497

\_\_\_\_\_  
Address

Tampa, FL 33672

\_\_\_\_\_  
City/State and Zip Code

bprasse@tampalitigator.com

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

For further information concerning this matter, please call:

Barbara J. Prasse, Esq.                      813                      258-4422  
\_\_\_\_\_  
Name of Person                      at (                      )                      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

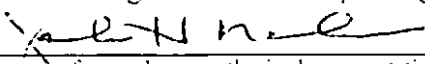
**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR  
LIMITED LIABILITY COMPANY**

*Pursuant to the provisions of sections 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. Name of the limited liability company: Cervello Technologies, L.L.C.
2. (a) 1700 N. McMullen Booth Rd., Suite B5  
Principal office address of limited liability company:  
*(Note: MUST BE STREET ADDRESS)*  
1700 N. McMullen Booth Rd., Suite B5  
Clearwater, FL 33759
- (b) P.O. Box 566  
Mailing address of limited liability company:  
*(Note: MAY BE POST OFFICE BOX)*  
P.O. Box 566  
Safety Harbor, FL 34695-0566
3. 03/10/2006  
Date of filing/registration in Florida
4. L06000025924  
Document number
5. (a) Cervello Technologies, L.L.C.  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:  
David W. Griffin, P.A.  
Registered Office Address *(MUST BE FLORIDA STREET ADDRESS)*  
565 South Duncan Avenue  
Clearwater, FL 33756
- (b) Barbara J. Prasse, Esq.  
Enter name of NEW Registered Agent and/or NEW Registered Office address:  
Barbara J. Prasse, P.A.  
NEW Registered Office Address:  
1000 N. Ashley Drive, Suite 512  
Tampa, FL 33672

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**TALLAHASSEE, FL**

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

JOHN H MAHAN  
Printed or typed name of signee

*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 605, 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.*

  
Signature of Registered Agent

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