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(Req	uestor's Name)	<u> </u>
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COVER LETTER

TO:	Registration Section Division of Corporations								
SUBJI	ECT:INSYNC GROUP LLC				_				
	Name	Name of Limited Liability Company							
Dear S	ir or Madam:								
The en	closed Registered Agent/Registered Office	Change and	fee(s) are submitted for filing.						
Please	return all correspondence concerning this	matter to the	following:						
Paul .	J Kitchen								
	Name of Person								
INSY	NC GROUP LLC								
	Firm/Company		_						
2770	INDIAN RIVER BLVD. SUITE 332			} }.	=				
	Address		_	일 : 22일	8 208				
VER	D BEACH, FL 32960			HASSEE, FLORI	627				
_	City/State and Zip Code		_		?				
paul@	gstarfishteam.com			2.5 2.5 3.5 3.5 4.5 5.5 5.5 5.5 5.5 5.5 5.5 5.5 5.5 5	8: 92				
E	-mail address: (to be used for future annua	l report notifi	cation)		70				
For fur	ther information concerning this matter, pl	ease call:							
Paul	J Kitchen	772	539-8412						
	Name of Person	· \-	Area Code & Daytime Teleph	one Numbe	er				
	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	on Registration Section orations Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314							
	Enclosed is a check for the following as	mount:							
	☑ \$25 Filing Fee	□ \$5	5 Filing Fee & Certified Copy						
INHS18	3 (2/14)								

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	ame of the limited liability company: INSYNC GRO	OUP LLC		
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			failing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
3.	09/05/2006 Date of filing/registration in Florida PAUL J KITCHEN		0600008	37012 Document number
5. (a)	Registered Agent and Registered Office shown on the records of	the Florida I	Dept. of State	:
	Registered Office Address (MUST BE FLORIDA STREET)			Tree constants
	, FL			18 AUG 27 I
(b)	Enter name of NEW Registered Agent and/or NEW Registered	l Office addr	<u>css</u> :	NE 27 AM 8: 92
	NEW Registered Office Address:			
	2770 INDIAN RIVER BLVD. SUITE 332			
	VERO BEACH	32960		
the ch agent was/w the art	limited liability company is not organized under the lar ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited livere authorized by an affirmative vote of the members of ticles of organization or the operating agreement of the	f the registe ability con of the limit limited lia	ered office ipany, it is ed liability	and the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in pany. HEN
	ature of a member or authorized representative of a member			Printed or typed name of signee
provis the ob to mer notifie	why accept the appointment as registered agent and agentions of all statutes relative to the proper and complete ligations of my position as registered agent as provide rely reflect a change in the registered office address. It is writing of this change.	ree to act is performand for in Ch hereby con	n this capa ice of my a apter 605, firm that t	icity. I further agree to comply with the hities, and I am familiar with and accept F.S. Or, if this document is being filed he limited liability company has been
	ure of Registered Agent			