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(Requestor's Name)	
(Address) (Address)	200183603862
(City/State/Zip/Phone #)	AC E. DENNARD 123/10
(Business Entity Name)	• • • • • • • • • • • • • • • • • • •
(Document Number) Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	
Office Use Only	
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Malave, Er	in	L06000105401	j 				
From:	Arthur Kushner [art	thur@apex-rg.com]					
Sent:	. Wednesday, July 2	21, 2010 4:16 PM					
To:	CorpAddressChan	CorpAddressChange					
Cc:	Tom Albrecht						
Subject:	Official Reporting Services, LLC d/b/a/ Apex Reporting Group - address change						
Attachment	: Name - Address Change Dept of State 7-21-10 (2).pdf						
l'd like to chan	ge the addresses for t	the above named entity.		1 1			
Please see the new principal a	attached Change of Ind mailing addresses	Registered Office (filed wish	ith the Division of (Corporations) which s	hows the		
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Regards,							
-				f 8 8			
Arthur Arthur Kushnei	· CEO			е • • • и и			
Apex Report			•	1			
Direct 305-444	-3387						
arthur@apex-r	<u>g.com</u>	· · · ·		-			
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COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT: Official Reporting Services, LLC d/b/a Apex Reporting Group

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:

Arthur Kushner

Name of Person

Official Reporting Services, LLC Firm/Company

12 SE 7th Street, Suite 702

Address

Ft. Lauderdale, FL 33301

City/State and Zip Code

arthur@apex-rg.com E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Arthur Kushner at	(305) 444-3387		
Name of Person	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

INHS18 (5/08)

STATEMENT OF CHANGE OF REGISTERE	ED OFFICE OR REGISTERED AGEN	T OR
BOTH FOR LIMITED LIABILITY COMPANY	ΥΫ́	

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.

Official Reporting Services, LLC 1. Name of the limited liability company: 2. (a) Principal office address of limited liability company: 12 SE 7th Street, Suite 702 1 (Note: MUST BE STREET ADDRESS) Et Lauderdale, EL 33301 (b) Mailing address of limited liability company: 12 SE 7th Street, Suite 702 Note: MAY BE POST OFFICE BOX Ft. Lauderdale, FL 33301 11/8/2006 L06000108401 3. Date of filing/registration in Florida Document number (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State: Registered Agent: Arthur Kushner 524 S. Andrews Ave., Ste. 302N **Registered Office Address:** Ft. Lauderdale, FL 33301 Enter name of NEW Registered Agent and/or NEW Registered Office address: **NEW** Registered Agent: same 12 SE 7th Street, Suite 702 **NEW** Registered Office Address: MUST BE FLORIDA STREET ADDRE FL33301 .auderdale 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. or authorized representative of a member Signature of a m Arthur Kushner 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 608, 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. ignature of Registered Agen

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