L07000017774

(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:

A. LUNT

MAY 28 2009

EXAMINER

Office Use Only



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21215 Burbank Blvd. Ste. 400 Woodland Hills, CA 91367

Toll-Free: 888-692-6771 | Direct: 818-436-8225 | FAX: 818-879-8005 E-mail: info@mycorporation.com

ROUTINE SERVICE FILING REQUEST

May 11, 2009

Division of Corporations Florida Department of State Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Re: CHANGE OF REGISTERED AGENT AND/OR REGISTERED OFFICE: AUDITCO, LLC

Ladies and Gentlemen:

Please find enclosed for filing agent and/or agent-office change documents for the above referenced entity.

Also enclosed is a check for filing fees.

Please return the filed documents to the address below.

Thank you for your assistance.

Sincerely,

MyCorporation, an Intuit Company 21215 Burbank Blvd. Ste. 400 Woodland Hills, CA 91367 ATTN: Post Formation Filings

COVER LETTER

TO: Registration Section Division of Corporations			
·			
SUBJECT: AUDITCO, LLC			
(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	g this matter to the following:		
	l news	4 <u>12</u>	
Post Formations	F	2009 MAY 27 PM 4: 42 SECRETARY OF STATE	المثم
(Name of Person)			77
	3 1	127	and designation of the second
My Corporation Business Services, Inc.	<u></u>		
(Firm/Company)	ŗ	PH 4: 42	()
		음을 5	
21215 Burbank Blvd. Suite 400		<u>r</u> -	
(Address)			
Woodland Hills, CA 91367			
(City/State and Zip Code)			
For further information concerning this mat	ter, please call:		
Post Formation Filings	at (888) 692-6771		
(Name of Person)	at (888) 692-6771 (Area Code & Daytime Telephone Number	<u>-)</u>	
(,	
STREET/COURIER ADDRESS:	MAILING ADDRESS:		
Registration Section	Registration Section		
Division of Corporations	Division of Corporations		
Clifton Building	P.O. Box 6327		
2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee, Florida 32314		
Tallallassee, Tiorida 32301			
Enclosed is a check for the followi	ng amount:		
	☐ \$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 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. Name of the limited liability company: A	JDITCO, LLC
2. (a) Principal office address of limited liab (Note: MUST BE STREET ADDRE	ility company: 51 SW Flagler Avenue, Suite 207
(b) Mailing address of limited liability con (Note: MAY BE POST OFFICE BO)	mpany: 51 SW Flagler Avenue, Suite 207 Stuart, FL 34994
02/15/2007	음류 た
02/15/2007 3. Date of filing/registration in Florida	<u>L07000017774</u> 4. Document number
	ce shown on the records of the Florida Dept. of State:
,, ,	·
Registered Agent:	Robert C Halgas
Registered Office Address:	51 SW Flagler Avenue, Suite 207 Stuart, FL 34994
(b) Enter name of NEW Registered Agen	and/or NEW Registered Office address:
NEW Registered Agent:	NRAI Services, Inc.
NEW Registered Office Address: (MUST BE FLORIDA STREET ADD	2731 Executive Park Drive, Suite 4
•	Weston ,FL 33331
that after the change or changes are made, the office of the registered agent will be identical hereby confirmed that the change(s) was/were liability company or as otherwise provided in limited liability company.	ed under the laws of the State of Florida, it is hereby confirmed Florida street address of the registered office and the business. Or, in the case of a Florida limited liability company, it is authorized by an affirmative vote of the members of the limited the articles of organization or the operating agreement of the
(Signature of a member or authorized representative of a men	nber)
Robert C Halgas, Member (Printed or typed name of signee)	
I have by account the appointment as vegistares	d agent and agree to act in this capacity. I further agree to tive to the proper and complete performance of my duties, and I f my position as registered agent as provided for in Chapter 608, ely reflect a change in the registered office address, I hereby been notified in writing of this change.

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