## 107000071925

	(Re	equesto	r's Name)		
	(Δ.	ddress)			
	(1.1)	20.000)			
	(Ad	dress)			
	(Ci	tv/State	/Zip/Phone	: #)	
	(-	.,,		,	
· · · □	PICK-UP	· 🖂	\ <b>\</b> /\  \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	П ма	11
ш	1 1010-01	ш	••/		'-
			t		
	(Bı	usiness	Entity Nan	т <b>е</b> )	
•		•	•	•	
	(1)	ocumen	t Number)		
		ı		•	
Certified Co	pies	<u> </u>	Certificațes	of Status	
			i	r	
Special In	structions to	Filing C	Officer:	•	

A. LUNT 0CT - 2 2009

**EXAMINER** 

Office Use Only



600161026796

10/01/09--01008--013 \*\*25.00

SECRETARY OF STATE TALLAHASSEE, FLORIDA

90CT-1 PM 12: 3

## **COVER LETTER**

	egistration Section vivision of Corporations					
SUBJEC			cal Servic Liability Co			
Dear Sir	or Madam:					
The enclo	osed Registered Agent/Registered	Office (	Change and f	ee(s) are submitted	for filing.	
Please re	turn all correspondence concerning	g this m	atter to the fo	ollowing:		
	Anna M DeZalia Name of Person					
	Name of Ferson					
	Guru Technical Services L.L	C.	<del>-</del>			
					729	
1043 Stephen Dr					17. 16.5 10.6	ences B
	Address				金 马	
Niceville, FI 32578 City/State and Zip Code					2009 OCT -   PM 12: 35 SECRETARY OF STATE TALLAHASSEE, FLORID	
gurutechnicalsvcs@gmail.com  E-mail address: (to be used for future annual report notification)					A	
	er information concerning this ma					
	Anna M DeZalia	at (_	<u>850</u> )	398-447		
	Name of Person		Area Co	ode & Daytime Telephone	e Number	
R D C 20	rreet/Courier address: egistration Section ivision of Corporations lifton Building 661 Executive Center Circle allahassee, Florida 32301		Registration of P.O. Box	G ADDRESS: on Section of Corporations 6327 ee, Florida 32314		
E	nclosed is a check for the follow	ing amo	ount:			
<b>√</b>	\$25 Filing Fee		\$55 Fili	ng Fee & Certified	Сору	

## 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.

·								
Name of the limited liability company:     Gu	ru Technical Services L.L.C.							
2. (a) Principal office address of limited liability compan	: 1043 Stephen Dr							
(Note: MUST BE STREET ADDRESS)	Niceville, Fl 32578							
(b) Mailing address of limited liability company:	P.O. Box 1862							
(Note: MAY BE POST OFFICE BOX)	NICEVILLE FL 32588							
07/11/2007	L07000071925							
3. Date of filing/registration in Florida	4. Document number							
5. (a) Registered Agent and Registered Office shown on	the records of the Florida Dept. of State:							
Registered Agent:	Anna M Raymo							
Registered Office Address:	221 Honeysuckle Way Niceville, FI 32578							
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NE</u>	W Registered Office address:							
NEW Registered Agent:	Alma W Dezalla							
<u>NEW</u> Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	1043 Stephen Dr no o iii							
	Niceville C: ,FE32578							
If the limited liability company is not organized under the laws of the State of Florida, it is fiereby 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 of authorized representative of a member.								
Anna M Raymo NKA Anna M DeZalia Printed or typed name of signee	<del></del>							
I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the property and I am familiar with and accept the obligations of my portugates to 8, F,S. Or, if this document is being filed to me address, I hereby confirm that the limited liability companion.  Signature of Registered Agent	agree to act in this capacity. I further agree to oper and complete performance of my duties, sition as registered agent as provided for in erely reflect a change in the registered office y has been notified in writing of this change.							

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