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PICK-U	Р	WAIT		MAIL
	(Bus	iness Entity Na	me)	
	(Doc	ument Number)	
Certified Copies		Certificate	s of Statu	s
Special Instruction	s to F	iling Officer:		

Office Use Only



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SECRETARY OF STATE
TALLARY SEFF. FLORID.

J. BRYAN

MAR 1,7 2009

EXAMINER



2804 Gateway Oaks Drive #200 Sacramento, CA 95833 Phone (800)533-7272 Fax (800)603-5868

REFERENCE # MUST BE ON INVOICE TO BE PAID

NUMBER PAGES:

Date: January 30, 2009

AE:

Sharon Cooke

TO:

Florida Division of Corporations

REFERENCE:

478202

FAX:

PLEASE PERFORM THE FOLLOWING:

NATIONSSEARCH OF FLORIDA, LLC

Change of Registered Agent

IN FL

SPECIAL INSTRUCTIONS: Please file on a routine and please return one plain copy.

PLEASE RETURN: Regular Mail

PLEASE CALL (800)533-7272 ATTN: Sharon Cooke TO CONFIRM FILING RESULTS

RETURN TO: PARASEC - 2804 GATEWAY OAKS DRIVE #200 SACRAMENTO, CA 95833

CALL IMMEDIATELY IF YOU HAVE ANY QUESTIONS OR THE DEADLINE WILL NOT BE MET (800) 533-7272

The second secon CORNORSELENCE PARTICIPALE

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: NATIONSSEARCH OF FLOI (Name of Lim	RIDA, LLC nited 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 m	natter to the following:
SHARON COOKE	
(Name of Person)	 ĀS: 0
	O9 MAR 16 SECRETAR) FALLAHASS
PARACORP INCORPORATED	AR 16 PM 3 AHASSEE, FL
(Firm/Company)	ASSI ASSI
	T of the
PO BOX 160568	
(Address)	PH 3: 36 PH 3: 36 SEE, FLORID ———————————————————————————————————
	RITE RICE
	▶
SACRAMENTO, CA 95816	
(City/State and Zip Code)	
For further information concerning this matter, ple	ease call:
SHARON COOKE at (888) 886-7166
(Name of Ferson)	(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 am	ount:
✓ \$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 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. N	ame of the limited liability company: NATIONSS	EARCH OF FLORIDA, LLC	t
2. (a	 Principal office address of limited liability company (<u>Note: MUST BE STREET ADDRESS</u>) 	SUITE 50	<u>0</u>
(ł	o) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	MARIETTA GA 30068 US 4875 OLDE TOWNE PARKWAY SUITE 50 MARIETTA GA 30068 US	0
09/1:	3/2007	L07000093692	
	ate 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:	C T CORPORATION SYSTEM	
	Registered Office Address:	1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 US	I
(t	o) Enter name of NEW Registered Agent and/or NE	W Registered Office address:	
	<u>NEW</u> Registered Agent:	PARACORP INCORPORATED	-
	NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	236 E 6TH AVE SER O	M
		TALLAHASSEE ■,FL 32903,	O
that office here liabilimit	e limited liability company is not organized under the after the change or changes are made, the Florida street e of the registered agent will be identical. Or, in the copy confirmed that the change(s) was/were authorized by company or as otherwise provided in the articles of diability company.	et address of the registered office and the busines ase of a Florida limited liability company, it is	S
	Republication authorized representative of a member) Republication of signes are supported by the support of t	_	
I he comp am f F.S. conf	reby accept the appointment as registered agent and a cly with the provisions of all statutes relative to the pro amiliar with and accept the obligations of my position Or, if this document is being filed to merely reflect a irm that the limited liability company has been notified	gree to act in this capacity. I further agree to oper and complete performance of my duties, and as registered agent as provided for in Chapter of the change in the registered office address, I hereby I in writing of this change.	d I 508, ·
1	NINH HO, ASST SECRETARY PARAC		

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