L08000004447

(F	Requestor's Name)		
(A	Address)		
(A	Address)		
(C	City/State/Zip/Phone #)		
PICK-UP	WAIT MAIL		
(E	Business Entity Name)		
(Document Number)			
Certified Copies	Certificates of Status		
Special Instructions to Filing Officer:			



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MAY - 7 2009

EXAMINER

O9 MAY -6 AH 8: 15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Denver Fort Lauderdale Jacksonville Los Angéles Madison Miami New York Orlando Tallahassee Tampa Tysons Corner Washington, DC West Palm Beach

May 6, 2009

VIA HAND DELIVERY

Registration Section **Division of Corporations** Clifton Building 2661 Executive Center Circle West Tallahassee, FL 32301

> Re: MONKEYTEX, LLC

> > PRECIPICE TECHNOLOGIES, LLC

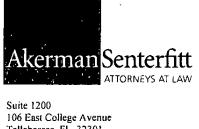
Dear Division Personnel:

Enclosed for filing is an original and one copy of a Statement of Change of Registered Office and Agent for each of the above-referenced limited liability companies. Please file the original Statements of Change and stamp the copies "Filed."

I have enclosed a check in the amount of \$50.00 for the filing fees.

Sincerely yours,

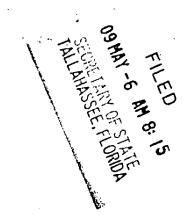
Real Estate Assistant



Tallahassee, FL 32301

www.akerman.com

850 224 9634 tel 850 222 0103 fax



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. Na	me of the limited liability company: PRECIPICI	E TECHNOLOGIES, LLC	ı
2. (a)	Principal office address of limited liability compan (Note: MUST BE STREET ADDRESS)	y: 2569 NOBLE DRIVE TALLAHASSEE, FL 32308	
(b)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	2569 NOBLE DRIVE TALLAHASSEE, FL 32308	3
01/14/		L08000004447	
3. Da	te of filing/registration in Florida	4. Document number	
5. (a)	Registered Agent and Registered Office shown on	the records of the Florida Dept. of States	
	Registered Agent:	CORPDIRECT AGENTS, INC.	
	Registered Office Address:	515 EAST PARK AVENUE TALLAHASSEE, FL 32301	E
(b)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Agent</u> :	W Registered Office address: GARY W. CATER	
	NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	2569 NOBLE DRIVE TALLAHASSEE, FL 32308 ,FL	
hereby liabili limite	limited liability company is not organized under the fler the change or changes are made, the Florida stre of the registered agent will be identical. Or, in the y confirmed that the change(s) was/were authorized ty company or as otherwise provided in the articles d liability company.	laws of the State of Florida, it is hereby confirmed et address of the registered office and the business case of a Florida limited liability company, it is by an affirmative vote of the members of the limited of organization or the operating agreement of the	
•	adley B Cater d or typed name of signee)	<u> </u>	
compl am fai F.S. (confir	Dary a latter	agree to act in this capacity. I further agree to roper and complete performance of my duties, and I n as registered agent as provided for in Chapter 608, change in the registered office address, I hereby ed in writing of this change.	
(Signat	ure of Registered Agent) Division of Corporations, P.O. Bo	v 6327 Tallahassee FL 32314	
	Division of Corporations, F.O. Bu	a uuli, Tahahassuu, Ka ulutt	

FILING FEE: \$25.00