L08000004899

(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:			



B. KOHR

MAY - 7 2009

EXAMINER



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05/06/09--01013--024 **50.00

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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



Suite 1200 106 East College Avenue 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. N	1. Name of the limited liability company: MONKEYTEX, LLC	
2. (a	Principal office address of limited liability compan (<i>Note: MUST BE STREET ADDRESS</i>)	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
01/15	5/2008	L08000004899
3. D	ate of filing/registration in Florida	4. Document number
5. (a	a) Registered Agent and Registered Office shown on	the records of the Florida Dept. of State.
	Registered Agent:	CORPDIRECT AGENTS, INC.
	Registered Office Address:	515 EAST PARK AVENUE TALLAHASSEE, FL 32301
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NE</u>	W Registered Office address:
	NEW Registered Agent:	GARY W. CATER
	<u>NEW</u> Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	2569 NOBLE DRIVE TALLAHASSEE, FL 32308
		,FL
that a office herebliabil limite	e limited liability company is not organized under the after the change or changes are made, the Florida stree of the registered agent will be identical. Or, in the copy confirmed that the change(s) was/were authorized ity company or as otherwise provided in the articles ded liability company.	et address of the registered office and the business
Printe	adley B (aterador typed name of signee)	_
I her comp am fa F.S. confi	reby accept the appointment as registered agent and a ly with the provisions of all statutes relative to the primiliar with and accept the obligations of my position Or, if this document is being filed to merely reflect a rm that the limited liability company has been notified.	agree to act in this capacity. I further agree to oper and complete performance of my duties, and I as registered agent as provided for in Chapter 608, change in the registered office address, I hereby d in writing of this change.
7Sion:	ture of Registand Agent)	

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