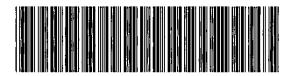
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(Requestor's Name)			
(Address)	_		
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)	_		
Certified Copies Certificates of Status	_		
Special Instructions to Filing Officer:			
	i		
Office Use Only			



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S. HAWKES

JAN 1 3 2009

EXAMINER

S. HAWKES

JAN 1 5 23 7



January 14, 2009

GREGORY BURNETT 106 OSCEOLA LANE JUPITER, FL 33458

SUBJECT: RG TECHNOLOGY SOLUTIONS, L.L.C.

Ref. Number: L08000009354

We have received your document for RG TECHNOLOGY SOLUTIONS, L.L.C. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please use the correct document number. L08000009354.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6955.

Letter Number: 309A00001359

Suzanne Hawkes Regulatory Specialist II

Division of Corporations - P.O. BOX 6327 - Tallahassee, Florida 32314

COVER LETTER

TO:	Amendment Section Division of Corporations				
SUBJECT: RG Technology Solutions L.L.C. (Name of Corporation)					
DOCUMENT NUMBER: L08000009354					
The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.					
Please return all correspondence concerning this matter to the following:					
Gregory Burnett					
(Name of Contact Person)					
RG Technology Solutions L.L.C. (Firm/Company)					
	106 Osceola L	ane			
(Address)					
<u>.</u>					
	Jupiter, Florida (City/State and Zip C	33458 ode)			
For fur	ther information concerning this matter, please call:	,			
		561) 707-9530 Area Code & Daytime Telephone Number)			
Enclose	ed is a \$35.00 check made payable to the Department of	State.			
	Mailing Address: Amendment Section Division of Corporations	Street Address: Amendment Section Division of Corporations			
	P.O. Box 6327 Tallahassee, FL 32314	Clifton Building 2661 Executive Center Circle			
	rananassee, FL 32314	Tallahassee, FL 32301			

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 company submits the following statement in order to chan in the State of Florida.	
1. Name of the limited liability company:	Technology Sulutions, L.L.C.
2. (a) Principal office address of limited liability company (<i>Note: MUST BE STREET ADDRESS</i>)	134 Pine Hammock Court Supiter, FL 334 FV
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	70-Box 2508 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
1/28/08	L08000009354 =
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:	Grey Burnett
Registered Office Address:	LAKE WOTH, FL 23460
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEY</u>	4 6
NEW Registered Agent:	GTeg Burnett
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	JUPITER FL 33458
If the limited liability company is not organized under the that after the change or changes are made, the Florida stree office of the registered agent will be identical. Or, in the chereby confirmed that the change(s) was/were authorized liability company or as otherwise provided in the articles of limited liability company. (Signature of a member or authorized representative of a member)	et address of the registered office and the business ase of a Florida limited liability company, it is by an affirmative vote of the members of the limited
Org Burnett	
(Printed or typed name of signee)	_
I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the pram familiar with and accept the obligations of my position F.S. Or, if this document is being filed to merely reflect a confirm that the limited liability company has been notified	igree 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.

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

(Signature of Regultered Agent)