

108 000032052

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(Address)

(Address)

(City/State/Zip/Phone #)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



**NRAI  
CORPORATE  
SERVICES**  
An NRAI Solutions Company

### Corporate Filing Transmittal Form

To: Secretary of State of FL  
Order #: COA-SE-SL120080

From: Shanna Keel  
Date: August 27, 2012

Target Name

Dom Juris

Decathalon Networking Solutions, LLC

Attached for filing, please find the following:

### Change of Registered Agent

Please return the original evidence to the following:

Shanna Keel  
NRAI Corporate Services, Inc.  
101 West Vandalia Street, Suite 245  
Edwardsville, IL 62025

Special Instructions/Notes:

Please Send Via:

☐ Email: ☐ Fax: ☐ FedEx: ☒ Mail:

Please contact us at (866) 416-6274 with any questions, problems or delays. Thank you for your assistance!

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TALLAHASSEE, FL 32304

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

SUBJECT: Decathlon Networking Solutions, LLC  
Name of Limited 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 matter to the following:

## Sean Emerick

Name of Person

National Registered Agents, Inc.

Firm/Company

**101 W. Vandalia St., Ste 245**

### Address

Edwardsville, IL 62025

City/State and Zip Code

E-mail address: (to be used for future annual report notification)

**For further information concerning this matter, please call:**

Name of Person

Area Code &amp; 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 amount:**

☐ \$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. Name of the limited liability company: Decathlon Networking Solutions, LLC

2. (a) Principal office address of limited liability company: \_\_\_\_\_

(Note: **MUST BE STREET ADDRESS**)

12184 Riverbend Rd  
Port St. Lucie, FL 34984

(b) Mailing address of limited liability company: \_\_\_\_\_

(Note: **MAY BE POST OFFICE BOX**)

03/28/2008

L08000032052

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:

Woodward, Orrin

Registered Office Address:

12184 Riverbend Rd  
Port St. Lucie, FL 34984

(b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address:**

**NEW Registered Agent:**

NRAI Services, Inc.

**NEW Registered Office Address:**

515 East Park Avenue

**(MUST BE FLORIDA STREET ADDRESS)**

Tallahassee

FL 32301

If the limited liability company is not organized under the laws of the State of Florida, it is hereby 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.

Orrin A. Woodward  
Signature of a member or authorized representative of a member

Orrin Woodward  
Printed or typed name of signee

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Of if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.*

by: Sean Emerick  
Signature of Registered Agent Sean Emerick, Asst. Secretary

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