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Office Use Only



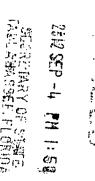
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EXAMINER





Corporate Filing Transmittal Form

To: Order #:	COA-SE-SL120080	of FL		rom: ate:	Shanna Keel August 27, 20	12
Target Nar						Dom Juris
Decathal	on Networking S	olutions, LLC	\ \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\			
Attached fo	or filing, please find	the following:				
		Change of Reg	istered Age	nt		
Please retu Shanna Kee	ırn the original evid	ence to the follo	owing:			
NRAI Corpo	orate Services, Inc.					
	andalia Street, Suite	e 245				
Edwardsvii	le, IL 62025					
Special Inst	tructions/Notes:					
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Please cont for your as:	act us at (866) 416-	6274 with any q	uestions, pr	oblem	is or delays. Th	namk you
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COVER LETTER

TO:	Registration Section Division of Corporations							
SUB.	TECT: Decathalon N Name of Lim				;		_	
Dear	Sir or Madam:							
The e	enclosed Registered Agent/Registered Office	cc Change	and fee(s)	are submit	ted for f	iling,		
Pleas	e return all correspondence concerning this	s matter to	the follow	ing:				
	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						2412 SEP -4	ئ ئ
	E-mail address: (to be used for future annual report notif	ication)	_				-L	kan a
For f	urther information concerning this matter,				.			The second
	Name of Person	it () Area Code &	Daytime Teler	hone Nun	<u>⊜nber*</u>	्रा चुद्ध	
	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	Reg Div P.O	. Box 6327	ection rporations				
	Enclosed is a check for the following	amount:						
	\$25 Filing Fee	\$	5 Filing F	ee & Certif	fied Cop	у		

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.

2. (a) Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) (b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) (Note: May Box	1. Name of the limited liability company:	Decathlon Networking Solutions, LLC
(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: Registered Office Address: Registered Office Address: NEW Registered Agent: NEW Registered Agent: NEW Registered Agent: NEW Registered Office Address: NEW Registered Office Address: MUST BE FLORIDA STREET ADDRESS) If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the changes or changes are made, the Florida street address of the registered 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. Nowwend New Moodward Printed or typed mante of signee 1 hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all signifes relative to the proper and complete performance of my duties, and a member or authorized expresentative of a member of the proper and complete performance of my duties, and a member of authorized or an arroy decay for interest of the proper and complete performance of my duties, and a member of a provision of all signifes relative to the proper and complete performance of my duties, and a member of authorized or an interest position of the original performance of my duties, and a member of authorized or a finite of the proper and complete performance of my duties, and a member of authorized performance of my duties, and a member of a provision of of the significance of the proper and complete performance of my duties, and a member of authorized performance of my du	2. (a) Principal office address of limited liability co	ompany:
(Note: MAY BE POST OFFICE BOX) 03/28/2008 1. Date of filing/registration in Florida 2. 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: NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS) 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 of fice 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 aftirmative 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. New Woodward Primed or typed mame 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 against a with any duties, and I am agree to a change in the registered agent agency could be provisions of all statutes relative to the proper and complete performance of my duties, and I am against a with any duties, and I am against a with a duties and I am against a with a duties and I am against a with a change.	(Note: MUST BE STREET ADDRESS)	12184 Riverbend Rd Port St. Lucie, FL 34984
3. Date of filling/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: Registered Office Address: Registered Office Address: (b) Enter name of NEW Registered Agent and/or NEW Registered Office address: NEW Registered Agent: NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS) Tallahassee 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 aftirmative 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. Signature of a member or authorized representative of a member Work Washington of the provisions of all statutes relative to the proper and complete performance of my duties, and an angular with the provisions of all statutes relative to the proper and complete performance of my duties, and an angular with the provisions of all statutes relative to the proper and complete performance of my duties, and an angular with the provisions of all statutes relative to the proper and complete performance of my duties, and an angular with angular with a greatered agent in the registered agent in the registered agent my position agreed to a provide of the enterior of the organization of my position agreed agent my three of the proper and complete performance of my duties, and an angular with a greatered agent in the registered agent my position agreed agent my provided in the writing of this change.	(b) Mailing address of limited liability company	
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: Registered Office Address: 12184 Riverbend Rd Port St. Lucie, FL 34984 (b) Enter name of NEW Registered Agent and/or NEW Registered Office address: 1515 East Park Avenue Tallahassee 171 32301 Tallahassee Tallahasse Tallahase Tallahasse Tallahasse Tallahasse Tal	(Note: MAY BE POST OFFICE BOX)	
Registered Agent: Registered Agent: Registered Office Address: 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: NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS) 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 Floridal 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. Signature of a member or authorized representative of a member (NY) Woodway 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 am familiar with rapid acceptance obligations of my position as registered agent as provided for in Chapter (old, FS. C. f. tithis deciment is being filed to berefy reflect a change in the registered office address. I hereby coldinate is being filed to berefy reflect a change in the registered office address. I hereby coldinate is being filed to be proper and complete per formance of this change.		L08000032052
Registered Office Address: 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: NEW Registered Office Address: NEW Registered Office of the registered Office of of the registered Office of of the registered Office of t	3. Date of filing/registration in Florida	4. Document number
Registered Office Address: 12184 Riverbend Rd	5. (a) Registered Agent and Registered Office sho	wn on the records of the Florida Dept. of State:
(b) Enter name of NEW Registered Agent and/or NEW Registered Office address: NEW Registered Agent: NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS) 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. Signature of a member or authorized representative of a member Original or 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 acceptate obligations of my position as registered agent as provided for in Chapter 08, F.S. C. if ithin's declarement is being hilled to merely reflect change in the registered address. Thereby confirm the trief limited liability company has been notified in writing of this change.	Registered Agent:	Woodward, Orrin
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS) 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 aftirmative 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. Signature of a member or authorized representative of a member 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 008, F.S. Or iffine accument 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.	Registered Office Address:	
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS) Tallahassee Tall		
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. Signature of a member or authorized representative of a member Thereby 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 ray decept 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.	NEW Registered Office Address:	515 East Park Avenue
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. Signature of a member or authorized representative of a member 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 08, F.S. Or, if this addiment is being filed to merely reflect a change in the registered office address. Thereby confirm that the limited liability company has been notified in writing of this change.		
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Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00