L08000035518

(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:			





800252754318

10/18/13--01031--003 **25.00





CSC - WILMINGTON
Suite 400
2711 Centerville Road
Wilmington De 19808
800-927-9800
302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Ami Casper acasper5@cscinfo.com

Date: October 16, 2013

Order#: 848458/011

Re: LMG TECHNICAL SERVICES, LLC

Enclosed please find:

XX ___ Change of Registered Agent and Office.

XX Check in the amount of \$25.

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

XX Return Regular Mail in the enclosed envelope.

Attn:Ami Casper c/o Corporation Service Company 2711 Centerville Road, Suite 400 Wilmington, DE 19808

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

.

INCA.XCOA

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: LMG TECH	NICAL SERVICES, LLC		
2. (a) Principal office address of limited liability comp (Note: MUST BE STREET ADDRESS)	pany: 2350 Investors Row		
	Orlando	FL 32837	
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	P.O. Box 770429		
	Orlando, FL 32837-0429	9	
04/08/2008	L08000035518		
3. Date of filing/registration in Florida	4. Document number		
5. (a) Registered Agent and Registered Office shown	on the records of the Florida	a Dept. of State:	
Registered Agent:	Harvey M. Alper		
Registered Office Address:	516 Douglas Avenue Suite 1106		
	Altamonte Springs	FL 32714	
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW</u> Registered Agent:	Corporation Service Con	Corporation Service Company	
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	1201 Hays Street		
	Tallahassee	,FL <u>32301</u>	
If the limited liability company is not organized under the confirmed that after the change or changes are made, the and the business office of the registered agent will be in the company, it is hereby confirmed that the change the members of the limited liability company or as other the operating agreement of the limited liability compans.	te Florida street address of the dentical. Or, in the case of a se(s) was/were authorized by trwise provided in the article	ne registered office Florida limited	
/s/ Dona Priebe		S 8	
Signature of a member or authorized representative of a member			
Dona Priebe, Authorized Person			
Printed or typed name of signee I hereby accept the appointment as registered agent ar comply with the provisions of all statutes relative to the and I am familiar with and accept the obligations of my Chapter 608, F.S. Or, if this document is being filed to address, I hereby confirm that the limited liability comp By: Signature of Respective Agent Company	nd agree to act in this capac proper and complete perfor position as registered agen merely reflect a change in to pany has been notified in wr	rnance of my duties, Eas-provided for in he registered office iting of this change.	

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