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(Re	questor's Name)	 .
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SECONDINCISCE FLORIDA

J. BRYAN

OCT 1 3 2010

EXAMINER

COVER LETTER

TO:	Registration Section Division of Corporations		
SUBJ	SUBJECT: Deployment Essentials, LLC Name of Limited Liability Company		
Dear S	Sir or Madam:		
The e	nclosed Registered Agent/Registered (Office Change and fee(s) are submitted for filing.	
Please	e return all correspondence concerning	this matter to the following:	
	Spencer L. Rogers Name of Person		
	Name of Person		
	Deployment Essentials, LL	<u>C</u>	
	2209 Collier Pkwy, Suite 12 Address Land O Lakes, FL 34639 City/State and Zip Code SLR@deploymentessentials.comail address: (to be used for future annual report response)	12 PH 3: 34 ASSEE, FLORIDA	
	rther information concerning this matt		
	Spencer L. Rogers Name of Person	at (813) 527-6334 Area Code & 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	ng 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.

agent, or both, in the state of Fibrial.	
1. Name of the limited liability company:	Deployment Essentials, LLC
2. (a) Principal office address of limited liability c	ompany: 20000 Outpost Point Dr.
(Note: MUST BE STREET ADDRESS)	Tampa, FL 33647
(b) Mailing address of limited liability company	y: 2209 Collier Pkwy Suite 121
<u>(Note: MAY BE POST OFFICE BOX)</u>	Land O Lakes, FL 34639
Jan 16, 2010	L08000050741
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office sho	own on the records of the Florida Dept. of State:
Registered Agent:	Spencer L. Rogers
Registered Office Address:	19644 Timberbluff Drives 6 Land O Lakes, FL 3463
(b) Enter name of <u>NEW Registered Agent</u> and <u>NEW</u> Registered Agent:	Spencer L. Rogers
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRES	20000 Outpost Point Dr 🕏
If the limited liability company is not organized unconfirmed that after the change or changes are mad and the business office of the registered agent will liability company, it is hereby confirmed that the cloof the members of the limited liability company or or the operating agreement of the limited liability company or Signature of a member or authorized representative of a member. Spencer L. Rogers	der the laws of the State of Florida, it is hereby e, the Florida street address of the registered office be identical. Or, in the case of a Florida limited nange(s) was/were authorized by an affirmative vote as otherwise provided in the articles of organization
Printed or typed name of signee	 _
I hereby accept the appointment as registered ages comply with the provisions of all statutes relative to and I am familiar with and accept the obligations of Chapter 608, F.S. Or, if this document is being file address, I hereby confirm that the limited liability of the confirmation of the co	nt and agree to act in this capacity. I further agree to the proper and complete performance of my duties, If my position as registered agent as provided for in If to merely reflect a change in the registered office company has been notified in writing of this change.

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

INHS18 (05/08)

Signature of Registered Ageny