## L08000054252

| (Red                                    | questor's Name)  |             |  |  |  |
|---|------------------|-------------|--|--|--|
| (Address)                               |                  |             |  |  |  |
| (Address)                               |                  |             |  |  |  |
| (City                                   | /State/Zip/Phone | e #)        |  |  |  |
| PICK-UP                                 | WAIT             | MAIL        |  |  |  |
| (Bus                                    | iness Entity Nar | me)         |  |  |  |
| (Document Number)                       |                  |             |  |  |  |
| Certified Copies                        | Certificates     | s of Status |  |  |  |
| Special Instructions to Filing Officer: |                  |             |  |  |  |
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SECRETARY OF STATE
AND AHASSEF FI ORION

D. BRUCE

MAY 0 7 2012

**EXAMINER** 

## **COVER LETTER**

|                                | Registration Section Division of Corporations                                    |                |           |           |                     |                                    |                  |    |
|--------------------------------|--|----------------|-----------|-----------|---------------------|------------------------------------|------------------|----|
| SUBJE                          | .cт: Da  | ta Cent        | er Spe    | ecialtie  | es LLC              |                                    |                  |    |
|                                | Name   | of Limite      | d Liabi   | lity Com  | npany               |                                    |                  |    |
| Dear Si                        | r or Madam:  |                |           |           |                     |                                    |                  |    |
| The end                        | closed Registered Agent/Registere  | ed Office      | Change    | and fee   | e(s) are submitted  | for filing.                        | ,                |    |
| Please 1                       | return all correspondence concern  | ing this m     | natter to | the foll  | owing:              |                                    |                  |    |
| -                              | Brenda C. Garretsor  | 1              |           |           |                     |                                    |                  |    |
|                                | Name of Person   |                |           |           |                     |                                    |                  |    |
|                                | Rhodes, Tucker & Garre   | tson           |           | _         |                     |                                    |                  |    |
|                                | Firm/Company   |                |           |           |                     | _                                  |                  |    |
| 800 N. Collier Blvd. Suite 203 |  |                | _         |           | SCORE               | 12 MAI                             | 7                |    |
|                                | Address  |                |           |           |                     | TAR                                | -                | r  |
|                                | Marco Island, FL 3414  | <b>1</b> 5     |           |           |                     | RETARY OF STATI<br>AHASSEE. FLORII | MAY - 3 MM 2: 45 | 'n |
|                                | City/State and Zip Code  |                |           | _         |                     | STA                                | 55               | C  |
|                                | Prondo@Moroo Law or  | 0.00           |           |           |                     | ADE<br>ADA                         | φη               |    |
| E-m                            | Brenda@Marco-Law.co  | ort notificati | on)       | _         |                     | ·                                  |                  |    |
| For furt                       | her information concerning this n  | natter, ple    | ase call  | :         |                     |                                    |                  |    |
|                                | Nicole Rodriguez   | at (           | 239       | )         | 394-515°            | 1                                  |                  |    |
|                                | Name of Person   |                |           | Area Code | & Daytime Telephone | Number                             |                  |    |
|                                | STREET/COURIER ADDRESS:  |                |           |           | ADDRESS:            |                                    |                  |    |
|                                | Registration Section Registra Division of Corporations Division                  |                |           |           |                     |                                    |                  |    |
|                                | Division of Corporations Clifton Building Division of Corporations P.O. Box 6327 |                |           |           |                     |                                    |                  |    |
| 2                              | 2661 Executive Center Circle Tallahassee, Florida 32314                          |                |           |           |                     |                                    |                  |    |
|                                | Γallahassee, Florida 32301   |                |           |           |                     |                                    |                  |    |
| 1                              | Enclosed is a check for the follo  | wing amo       | ount:     |           |                     |                                    |                  |    |
| ✓ \$25 Filing Fee  \$ Certific |  |                |           |           | 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.

| Name of the limited liability company:  | Data Center Specialties LLC  |  |  |  |  |
|---|--|--|--|--|--|
| 2. (a) Principal office address of limited liability con  | npany:   |  |  |  |  |
| (Note: MUST BE STREET ADDRESS)  | 1083 N. Collier Blvd. Suite 314<br>Marco Island, FL 34145  |  |  |  |  |
| (b) Mailing address of limited liability company:   |  |  |  |  |  |
| (Note: MAY BE POST OFFICE BOX)  | 1083 N. Collier Blvd. Suite 314<br>Marco Island, FL 34145  |  |  |  |  |
| 06/02/2008  | L08000054252   |  |  |  |  |
| 3. Date of filing/registration in Florida   | 4. Document number   |  |  |  |  |
| 5. (a) Registered Agent and Registered Office show  | n on the records of the Florida Dept. of State:  |  |  |  |  |
| Registered Agent:   | Brenda C. Garretson  |  |  |  |  |
| Registered Office Address:  | 950 N. Collier Blvd. Suite 204 Marco Island, FL 34145  |  |  |  |  |
| (b) Enter name of <b>NEW Registered Agent</b> and/or  | NEW Registered Office address  |  |  |  |  |
| NEW Registered Agent:   | Brenda C. Garretson  |  |  |  |  |
| NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)   | 800 N. Collier Blvd. Suite 203 Marco Island ,FL34145   |  |  |  |  |
| If the limited liability company is not organized under confirmed that after the change or changes are made, t and the business office of the registered agent will be liability company, it is hereby confirmed that the chan of the members of the limited liability company or as or the operating agreement of the limited liability company or the operating agreement of the limited liability company.  Signature of amember or authorized representative of a member Ralph J. Sieja | the Florida street address of the registered office identical. Or, in the case of a Florida limited age(s) was/were authorized by an affirmative vote otherwise provided in the articles of organization apany.  |  |  |  |  |
| I hereby accept the appointment as registered agent a comply with the provisions of all statutes relative to the and I am familiar with and accept the obligations of m Chapter 508, F.S. Or, if this document is being filed to address, I hereby confirm that the limited liability com   | and agree to act in this capacity. I further agree to<br>be proper and complete performance of my duties,<br>by position as registered agent as provided for in<br>o merely reflect a change in the registered office<br>by any has been notified in writing of this change. |  |  |  |  |

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