

L080000083742

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

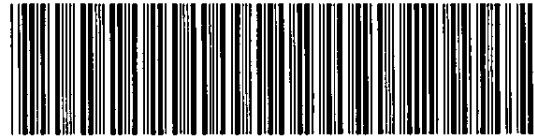
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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DIVISION OF CORPORATIONS

FILED
2014 FEB 20 A 11:02
OFFICE OF THE CLERK
STATE OF NEW YORK

B. BOSTICK

FEB 21 2014

EXAMINER

CORP DIRECT AGENTS, INC.
515 EAST PARK AVENUE
TALLAHASSEE, FL 32301
222-1173

FILING COVER SHEET
ACCT. #FCA-23

CONTACT: MICHELE HOLDEN

DATE: 02/20/2014

REF. #: 9056297

CORP. NAME: BALLISTA HOLDINGS, LLC

- ARTICLES OF INCORPORATION ARTICLES OF AMENDMENT ARTICLES OF DISSOLUTION
- ANNUAL REPORT TRADEMARK/SERVICE MARK FICTITIOUS NAME
- FOREIGN QUALIFICATION LIMITED PARTNERSHIP LIMITED LIABILITY
- REINSTATEMENT MERGER WITHDRAWAL
- CERTIFICATE OF CANCELLATION
- (XX) OTHER: CHANGE OF REGISTERED AGENT

2014 FEB 20 A 11:02
 FILED
 STATE
 OF FLORIDA

STATE FEES PREPAID WITH CHECK# 70015376 FOR \$ 25.00

AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:

_____ COST LIMIT: \$ _____

PLEASE RETURN:

- CERTIFIED COPY CERTIFICATE OF GOOD STANDING (XX) PLAIN STAMPED COPY
- CERTIFICATE OF STATUS

Examiner's Initials

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114, 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: BALLISTA HOLDINGS, LLC

2. (a) Principal office address of limited liability company: 1905 NW CORPORATE BLVD.
 (Note: **MUST BE STREET ADDRESS**) BOCA RATON, FL 33444

(b) Mailing address of limited liability company: 1905 NW CORPORATE BLVD.
 (Note: **MAY BE POST OFFICE BOX**) BOCA RATON, FL 33444

09/03/2008

L08000083742

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: BAILINE, RYAN D

Registered Office Address: C/O STEARNS WEAVER MILLER
150 WEST FLAGLER ST., SUITE 2200
MIAMI, FL 33130

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

NEW Registered Agent: NRAI SERVICES, INC.

NEW Registered Office Address: 1200 SOUTH PINE ISLAND ROAD
 (**MUST BE FLORIDA STREET ADDRESS**) PLANTATION, FL 33324

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.

Bridget M Fowles
 Signature of a member or authorized representative of a member

BRIDGET M FOWLES
 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 605, F.S. Or, 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.

Michelle Holden, Asst. Sec.
 Signature of Registered Agent

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