L08000111341

(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
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SECRETARY OF STATE DIVISION OF CORPORATIONS

10 JUN 21 PM 1: 45

T. HAMPTON
JUN 2 2 2010
EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations	•	
SUBJECT: Priority DNE Management Services LL Name of Limited Liability Company		
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Office Char	nge and fee(s) are submitted for filing.	
Please return all correspondence concerning this matte	r to the following:	
James P. Adorna		
Priority one managen	nent Services LLC	
500 Gulfstream blvc	1 #204	
Delray Beach Fl 33L City/State and Zip Code	183	
Jomes adorna @ comco E-mail address: (to be used for future annual report notification)	<u>lst.</u> net	
For further information concerning this matter, please	call:	
James Adorna at 50	Area Code & Daytime Telephone Number	
STREET/COURIER ADDRESS:	MAILING ADDRESS:	
Registration Section Division of Corporations	Registration Section Division of Corporations	
Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	P.O. Box 6327 Tallahassee, Florida 32314	
Enclosed is a check for the following 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. liability company submits the following statement in ord agent, or both, in the State of Florida.	508, Florida Statutes, the undersigned limited er to change its registered office or registered
1. Name of the limited liability company: Provide	ONE MONagement
2. (a) Principal office address of limited liability compan	y: ————————————————————————————————————
(Note: MUST BE STREET ADDRESS)	500 Gulfstream blvd # ac DELRAY BCH, F1 33483
(b) Mailing address of limited liability company:	
(Note: MAY BE POST OFFICE BOX)	500 GUIFSTREAM DIVOZ
12/4/2008	L08000111341
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:	michael J. Harper
Registered Office Address:	6308 HARBOUR CLUB DrIVE LAKE WORTH, FL 33467
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Agent</u> : NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	W Registered Office address: James P. Adorna 500 Gulfstream blvd #204
If the limited liability company is not organized under the confirmed that after the change or changes are made, the I	Florida street address of the registered office
and the business office of the registered agent will be identiability company, it is hereby confirmed that the change(s of the members of the lighter in bility company or as other or the operating agreement of the lighter lightly company.	tical. Or, in the case of a Florida limited was/were authorized by an affirmative vote rwise provided in the articles of organization y.
Signature of a member of authorized representative of a member	N 21
Printed or typed name of signee	CED CORPO
I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the pland I am familiar with and accept the obligations of my planter 608, F.S. Or, if his accume his being filed to maddress, I hereby confinal that the tilnted liability compared	goree to act in this capacity. I further dance to
Division of Corporations, P.O. Box 6	327, Tallahassee, FL 32314

FILING FEE: \$25.00