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MACFARLANE FERGUSON

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Florida Department of State
Division of Corporations
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L. SELLERS

JUN 12 2009

EXAMINER

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REGISTERED AGENT CHANGE

Preplogic, LLC

Certificate of Status	1
Certified Copy	0
Page Count	01
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TALLAHASSEE, FLORIDA

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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: PrepLogic, LLC

2. (a) Principal office address of limited liability company: 1300 N. Westshore Blvd.



(Note: **MUST BE STREET ADDRESS**)

Suite 125
Tampa, FL 33607



(b) Mailing address of limited liability company:

(Note: **MAY BE POST OFFICE BOX**)

1/9/2009

L09000005201

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:

Lina Angelici, Esq.

Registered Office Address:

c/o Williams Schiffino, et al.
One Tampa City Center, Ste. 3200
Tampa, FL 33602

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

NEW Registered Agent:

J. Matthew Marquardt, Esq.

NEW Registered Office Address:

(MUST BE FLORIDA STREET ADDRESS)

625 Court Street, Suite 200

Clearwater, FL 33756

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.

J. Matthew Marquardt, Authorized Representative
Signature of a member or authorized representative of a member

J. Matthew Marquardt, Authorized Rep.

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 608, 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.

J. Matthew Marquardt
Signature of Registered Agent

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

FILING FEE: \$25.00