Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H10000139288 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023

Phone Fax Number : (850)222-1092 : (850)878-5368

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Emall	Address:	
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LLC REGISTERED AGENT CHANGE IOTA PINK, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

S. HAWKES

JUN 1 5 2010

Electronic Filing Menu Corporate Filing Menu

COVER LETTER

TO: Registration Section			
Division of Corporations			
	TA PINK, LLC		
Name of Limit	ed Liability Company		
Dear Sir or Madam:			
The enclosed Registered Agent/Registered Office	Change and fee(s) are submitted for filing.		
Please return all correspondence concerning this r	natter to the following:		
1			
Scott Thompson			
Name of Person	······································		
Iota Pink, LLC			
Firm/Сотрилу			
40 Pacifica - 6th Floor			
Address			
Irvine, CA 92618			
City/State and Zip Code			
stevthompson@fdio.gov E-mail address: (to be used for future annual report notificat			
E-man sources; to or used for turare simust report nonnear	onj		
For further information concerning this matter, ple	ase call:		
Steve Thompson at (949) 208-6485		
Name of Person	Area Code & Daytime Telephone Number		
STREET/COURIER ADDRESS:	MAILING ADDRESS:		
Registration Section	Registration Section		
Division of Corporations	Division of Corporations		
Clifton Building	P.O. Box 6327		
2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee, Florida 32314		
Tananassoc, Tiorida 32301			
Enclosed is a check for the following amount:			
\$25 Filing Fee	\$55 Filing Fee & Certified Copy		
 			

INHS18 (5/08)

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

Pursuant to the provisions of sections 608.416 or 608.50 liability company submits the following statement in order agent, or both, in the State of Florida.	08, Florida Statutes, the r to change its registered	undersigned limited d office or registered
1. Name of the limited liability company:	IOTA PINK, LLC	
2. (a) Principal office address of limited liability company		
(Note: MUST BE STREET ADDRESS)		1
(b) Mailing address of limited liability company:		
(Note: MAY BE POST OFFICE BOX)		
02/03/2009	L0900001	1075
3. Date of filing/registration in Florida	4. Document number	
5. (a) Registered Agent and Registered Office shown on t	he records of the Florida	Dept. of State:
Registered Agent:	BCRA, LLC	<u></u>
Registered Office Address:	7777 GLADES ROAD, STE. 300 BOCA RATON FL 33434	
	BUCA RATUN FL 33434	
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEV</u> <u>NEW Registered Agent</u> :	V Registered Office add	ress:
	1200 South Pine Island Road	
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)		
	Plantation,	,FL. <u>33324</u>
If the limited liability company is not organized under the laconfirmed that after the change or changes are made, the Fl and the business office of the registered agent will be identifiability company, it is hereby confirmed that the change(s) of the members of the limited liability company or as other or the operating agreement of the limited liability company. Signature of a member of authorized representative of a member	orida street address of the	e registered office
Printed or typed name of signes	-	
I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the pro and I am familiar with and accept the obligations of my post chapter 608. F.S. Or, if this document is being filed to met address, I hereby confirm that the limited liability company CT Corporation System	eree to act in this capacit iper and complete perfori sition as registered agent rely reflect a change in th has been notified in writ	y. I further agree to mance of my duties, as provided for in e registered office ling of this change.
Signature of Registered Agent	•	

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

By:

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