## L09000032062

(Re	equestor's Name)	
(Ac	idress)	
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(Ci	ty/State/Zip/Phone	) #)
PICK-UP	☐ WAIT	MAIL
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T. HAMPTON

MAY 2 1 2009

EXAMINER

## COVER LETTER

Division of Corporations			
SUBJECT: Transaction Pros LLC  Name of Limited 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 matter to the following:			
Sandra Lyons Name of Person			
Transaction Aros 220 Firm/Company			
100 whymost Ct Ste 1/0 Address			
Lake May F2 32746  City/State and Zip Code			
E-mail address: (to be used for future annual report notification)			
For further information concerning this matter, please call:			
(MCIS MASS at (407) 538-0127  Name of Person Area Code & Daytime Telephone Number			
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301  MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314			
Enclosed is a check for the following amount:			
\$25 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 608.508, 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.

agent, or both, in the State of Florida.	11.0-11.0
1. Name of the limited liability company: Trans	action Pros HC
2. (a) Principal office address of limited liability compan	y: 100 Lhymont Ct.
(Note: MUST BE STREET ADDRESS)	Ste. 110 Lake Mary FL3274
(b) Mailing address of limited liability company:	100 Lhymont C+ Stello
(Note: MAY BE POST OFFICE BOX)	Lake Mary FL 32746
4/01/2009	109000032062
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:	Orlando Property Group Realty U.C.
Registered Office Address:	194 Magnolia Park Tr1 Sontord F2 32773
(b) Enter name of <b>NEW Registered Agent</b> and/or <b>NE</b>	W Registered Office address:
NEW Registered Agent:	Sandra Lypns
<u>NEW</u> Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	100 Waymont Ct. Ste 110
	Lake Mary ,FL 32746
If the limited liability company is not organized under the confirmed that after the change or changes are made, the I and the business office of the registered agent will be identiability company, it is hereby confirmed that the change (so f the members of the limited liability company or as other or the operating agreement of the limited liability compans	Florida street address of the registered office stical. Or, in the case of a Florida limited so was/were authorized by an affirmative vote
Signature of a member or authorized representative of a member  (15 1) (15 1) (17 1) (	_
I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the plant I am familiar with and accept the obligations of my plant Chapter 608, F.S. Or, if this document is being filed to maddress, I hereby confirm that the limited liability comparate	agree to act in this capacity. I further agree to oper and complete performance of my duties, osition as registered agent as provided for in erely reflect a change in the registered office by has been notified in writing of this hange.
Signature of Registered Agen	FIGNETA AAY 2
Division of Corporations, P.O. Box 6 FILING FEE: 5	327, Tallahassee, FL 32314

INHS18 (05/08)