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Certified Copies		Certificate	es of	Status
Special Instructions t	o Fili	ng Officer:		

Office Use Only



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SECRETARY OF STATE TALL'AHASSEE, FLORIDA

C. LEWIS

MAY 1 3 2011

EXAMINER

*COVER LETTER

Division of Corporations					
SUBJECT:Col	BJECT: Colloidal Dynamics, LLC				
Name of Limited Liability Company					
Dear Sir or Madam:					
The enclosed Registered Agent/Registered C	Office Change and fee(s) are submitted for filing.				
Please return all correspondence concerning	this matter to the following:				
Laurel Cannon					
Name of Person					
Colloidal Dynamics, LLC Firm/Company					
5150 Palm Valley Road, Suite	303				
Ponte Vedra Beach, FL 320 City/State and Zip Code	82				
laurel.cannon@colloidal-dynamic E-mail address: (to be used for future annual report r	CS.COM notification)				
For further information concerning this matt	ter, please call:				
Carole M. Johnston, Paralegal	at (401)274-7200 ext 144				
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	ng 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 608.508, 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.

Name of the limited liability company:	Colloidal Dynamics, LLC			
2. (a) Principal office address of limited liability compar	ny: 5150 Palm Valley Road			
(Note: MUST BE STREET ADDRESS)	Suite 303 Ponte Vedra Beach, FL 32082			
(b) Mailing address of limited liability company:	same as above			
(Note: MAY BE POST OF FICE BOX)				
06/15/2009	L0900005785			
3. Date of filing/registration in Florida	4. Document number			
5. (a) Registered Agent and Registered Office shown or	the records of the Florida Dept. of States			
Registered Agent:	CT Corporation System			
Registered Office Address:	1200 South Pine Island Road Plantation, FL 33324 US			
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NE</u>	EW Registered Office address:			
NEW Registered Agent:	David Cannon			
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	5150 Palm Valley Road Suite 303			
	Ponte Vedra Beach ,FL 32082			
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. Signature of a member or authorized representative of a member				
David Cannon				
Printed or typed name of signee				
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 p Chapter 608, F.S. Or, if this document is being filed to maddrefs, I hereby confirm that the limited liability company	agree to act in this capacity. I further agree to roper and complete performance of my duties, osition as registered agent as provided for in erely reflect a change in the registered office ny has been notified in writing of this change.			
Signature of Registered Agent				

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