

L090000066390

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

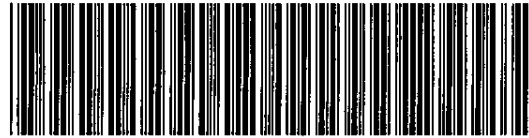
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

B. BOSTICK
DEC 28 2011



3742 Turman Loop, Suite 102, Wesley Chapel, FL 33543 Phone: (813) 973-2525 Fax: (813) 973-3737

December 22, 2011

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

Dear Sir or Madam:

Change of Address and Registered Agent

The enclosed form is in reference to Perception IR Special Services, LLC. Andrew Wilson is no longer associated with this company, effective January 1st 2012. Eric Nunes is the sole owner of the LLC. The company location has also changed and is detailed in the attached form.

Please let me know if there are any questions about this change, or if there is more documentation required.

Sincerely,

A handwritten signature in black ink, appearing to read "Heather Hanselman".

Heather Hanselman
Director of Business & Administration

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Perception IR Special Services, 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:

Eric Nunes

Name of Person

Perception IR Special Services, LLC

Firm/Company

3742 Turman Loop, Suite 102

Address

Wesley Chapel, FL 33544

City/State and Zip Code

finance@perceptionir.com

E-mail address: (to be used for future annual report notification)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Heather Hanselman

Name of Person

at (813)

973-2525

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

☒ \$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.


1. Name of the limited liability company: Perception IR Special Services, LLC
2. (a) Principal office address of limited liability company: 27010 N. ROCKY POINT DR, SUITE 175,
TAMPA, FL 33607
(Note: MUST BE STREET ADDRESS)
- (b) Mailing address of limited liability company: 27010 N. ROCKY POINT DR, SUITE 175,
TAMPA, FL 33607
(Note: MAY BE POST OFFICE BOX)

- 07/09/2009 L09000066390
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: Andrew Wilson
Registered Office Address: 27010 N. ROCKY POINT DR, SUITE 175,
TAMPA, FL 33607
- (b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

NEW Registered Agent: Eric Nunes

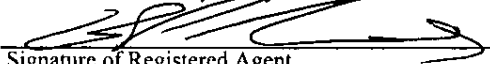
NEW Registered Office Address: 3742 Turman Loop
(MUST BE FLORIDA STREET ADDRESS) Suite 102
Wesley Chapel, FL 33544

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

Eric Nunes
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.


Signature of Registered Agent

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