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(Re	questor's Name)				
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PICK-UP	☐ WAIT	MAIL			
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SECRETARY OF STATE
FALLAHASSEE. FLORIDA

COVER LETTER

10.	Division of Corporations						
SUBJ	ECT:	CONTINUITY	' ENTE	RPRISE.	LLC		
00.30	Name of Limited Liability Company						
Dear S	Sir or Madam:						
The en	nclosed Registered Agent/F	Registered Office	Change ar	nd fee(s) are	submitted for filing.		
Please	return all correspondence	concerning this m	natter to th	e following	Ç.		
	JODY CRO	WLEY					
	Name of Person	on					
	CORPORATE SERVIC)				
	283 WASHINGTO	ON AVENUE					
	ALBANY/NY City/State and Zip						
	Chyrotate and Eth	Code					
	ivc@corporateb	ureau.com					
Е	jvc@corporateb mail address: (to be used for future	annual report notificati	on)				
For fu	rther information concerning	ng this matter, ple	ase cail:				
	JODY CROWLEY	at (_	<u>518</u>)	·	463-8550		
	Name of Person		Arc	a Code & Day	time Telephone Number		
	STREET/COURIER ADD Registration Section Division of Corporations Clifton Building 2661 Executive Center Circ		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314				
	Tallahassee, Florida 32301			·			
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:CO	NTINUITY ENTERPRISE, LLC
2. (a) Principal office address of limited liability compar	ny: 160 EAST 84TH STREET
(Note: MUST BE STREET ADDRESS)	SUITE 5-E NEW YORK NY 10028
(b) Mailing address of limited liability company:	160 EAST 84TH STREET
(Note: MAY BE POST OFFICE BOX)	SUITE 5-E NEW YORK NY 10028
07/23/2009	L0900070974
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office shown or	n the records of the Florida Dept. of State:
Registered Agent:	CORPORATE SERVICE BUREAU INC.
Registered Office Address:	515 EAST PARK AVENUE TALLAHASSEE FL 32301
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Agent</u> :	EW Registered Office address: CORPORATE SERVICE BUREAU INC.
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	1540 GLENWAY DRIVE TALLAHASSEE ,FL32301
Printed or typed name of signce	Florida street address of the registered office ntical. Or, in the case of a Florida limited s) was/were authorized by an affirmative vote erwise provided in the articles of organization by.
I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the pana I am familiar with and accept the obligations of my p Chapter 608, F.S. Or, if this document is being filed to maddress, I hereby confirm that the limited liability compa	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