## 110000036227

(Requestor's Name)	_					
_						
(Address)						
(Address)						
,						
(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
Certified Copies Certificates of Status	_					
Special Instructions to Filing Officer:	1					
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Office Use Only



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2010 SEP -7 PM 2: 3
SECRETARY OF STATE

T. CLINE

SEP - 8 2010

EXAMINER

## COVER LETTER . \*

**70:** Registration Section Division of Corporations

SUBJECT:	BRIXTEC WEB SOLUTIONS, LLC.					
	Name of	Limited	l Liabilit	y Com	pany	
Dear Sir or Madam:						
The enclosed Registe	ered Agent/Registered	Office (	Change a	and fee	(s) are submitted	for filing.
Please return all corr	espondence concerning	g this m	ațter to t	he follo	owing:	
	Rolland Lucas					
	Name of Person			-		
	Name of Ferson					- ~
						AL SE
BrixTe	c Web Solutions, LL	С				FE 88
	Firm/Company	<u> </u>		-		2010 SEP -7 SECRETAR TALLAHASS
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11009	Ancient Futures Driv	ve				PHE: 3
	Address			-	4 1 14 7 1 1	97
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т.	Flatida 0004 <b>7</b>					₽
	mpa, Florida 33647 ity/State and Zip Code			-		
C	ny/State and Zip Code					
rollar	nd.lucas@brixtec.con used for future annual report	n 	\	_		
E-mail address: (to be	used for future annual report	notificatio	in)			
For further informati	on concerning this mat	ter nlea	se call·			
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,						
Rolla	nd Lucas	at (	813	_)	843 576	1
Name o	f Person		Α	rea Code	& Daytime Telephon	e Number
COMPANIE OF STATE OF	unun Annanga		3447		A DDDBEGG	
	URIER ADDRESS:		MAILING ADDRESS:			
Registration Se Division of Co			Registration Section Division of Corporations			
Clifton Buildin			P.O. Box 6327			
	e Center Circle		Tallahassee, Florida 32314			
		., .			1 101144 32311	
	lorida 32301	•-				
Enclosed is a	check for the followi	ing amo	unt:			
<b>✓</b> \$25 Filing	Fee 3 3		\$55	Filing	Fee & Certified	Сору

## 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:	BrixTec Web Solutions
2. (a) Principal office address of limited liability compar	ny: 11009 Ancient Futures Drive
(Note: MUST BE STREET ADDRESS)	Tampa, Florida 33647
(b) Mailing address of limited liability company:	11009 Ancient Futures Drive
(Note: MAY BE POST OFFICE BOX)	Tampa, Florida 33647
April 5th, 2010	L10000036227
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office shown on	AR SE
Registered Agent:	
Registered Office Address:	11009 Ancient Futures Drivé Tampa, Florida 33647
NEW Registered Agent:  NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	11009 ANCIENT FUTURES DE
	TAMPA ,FL 3364
If the limited liability company is not organized under the confirmed that after the change or changes are made, the land the business office of the registered agent will be ider liability company, it is hereby confirmed that the change of the members of the limited liability company or as other or the operating agreement of the limited liability company.  Signature of a member or authorized representative of a member	Florida street address of the registered office
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 pand I am familiar with and accept the obligations of my p Chapter 808, F.S. Or, if this document is being filed to maddress, 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 the registered office ny has been notified in writing of this change.
_ Rolland Lucas	

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