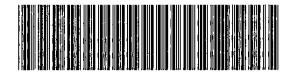
## 400000000000092

(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
FALLAHASSEE, FLORID

D. BRUCE FEB 0 2 2011 EXAMINER

## **COVER LETTER**

Registration Section

Division of Corpo	orations					
SUBJECT:	Gla	diator	Innov	ations, L	LC	
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 correspo	ndence concernin	g this n	natter to	the follow	ving:	
١٨	endy Rea					
	ne of Person			<u> </u>		
	gistered Agents,	Inc.		_	,	
Fin	1/Company				A SE	
11600 Coll	ege Blvd, Suite 2	210			PEB	
A	ddress				ARY OF SSEE.	
	Park, KS 6621	0				
City/Sta	te and Zip Code				RIDE	
E-mail address: (to be used	@nrai.com			<del></del>	<b>A A</b> .	
E-man audress; (to be used	for future annual report	Houncau	on)			
For further information co	oncerning this ma	tter, ple	ase call	:		
Wendy F		at (_	800	)	550-6724	
Name of Pers	)11			Area Code &	Daytime Telephone Number	
STREET/COURING Registration Section Division of Corpora Clifton Building 2661 Executive Cer	n tions		Reg Div P.O	istration Section of Co	ection rporations	
Tallahassee, Florida			, 41		Crisia Des Fi	
Enclosed is a check for the following amount:						
<b>₹</b> \$25 Filing Fee			\$5	5 Filing F	ee & 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 liability company submits the following statement in or agent, or both, in the State of Florida.	1.508, Florida Statutes, the undersigned limited der to change its registered office or registered			
Name of the limited liability company:	Gladiator Innovations, LLC			
2. (a) Principal office address of limited liability compa	ny:			
( <u>Note: MUST BE STREET ADDRESS</u> )	1050 West NASA Blvd Suite 137			
(b) Mailing address of limited liability company:	Melbourne, FL 32901			
(Note: MAY BE POST OFFICE BOX)				
06/22/2010	L10000066092			
3. Date of filing/registration in Florida	4. Document number			
5. (a) Registered Agent and Registered Office shown o	n the records of the Florida Dept. of State:			
Registered Agent:	KOSTANIC, IVICA			
Registered Office Address:	1361 MEADOWBROOK RD., N.E. PALM BAY FL 32905			
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Agent</u> : <u>NEW Registered Office Address:</u>	NRAI Services, Inc. Services S			
(MUST BE FLORIDA STREET ADDRESS)	Weston ,FL33331			
If the limited liability company is not organized under the confirmed that after the change or changes are made, the and the business office of the registered agent will be ide liability company, it is hereby confirmed that the change of the members of the limited liability company or as oth 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 ntical. Or, in the case of a Florida limited (s) was/were authorized by an affirmative vote erwise provided in the articles of organization			
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 p and I am familiar with and accept the obligations of my p Chapter 608, F.S. Or, if this document is being filed to n address. I hereby confirm that the limited liability compa NRAI Services, Inc.  by:  Signature of Registered Agent Wendy Rea, Assistant Secreta	agree to act in this capacity. I further agree to oroper and complete performance of my duties, position as registered agent as provided for in nerely reflect a change in the registered office my has been notified in writing of this change.			
Division of Cornerations PO Roy 6	······································			

**FILING FEE: \$25.00**