L10000117639

(Requestor's Name)					
(Address)					
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(2) (2) (7)					
(City/State/Zip/Phone #)					
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C. LEWIS

Decl 2010

EXAMINER

COVER LETTER

то:	Registration Section Division of Corporations	1		
SUBJ	ЕСТ:	he Connected Analysis Group, LLC Name of Limited Liability Company		
			• •	
Dear S	Sir or Madam:			
The e	nclosed Registered Agent/	Registered Office C	Change and fee(s) are submitted for filing.	
Please	return all correspondence	concerning this ma	atter to the following:	
	William F. I	Rubino		
	Name of Pers	on		
	The Connected Anal			
	Firm/Compar	ıy		
	14103 Anasta Address	sia Lane		
<u> </u>	Orlando, FL City/State and Zi			
È-	brubino@gm mail address: (to be used for future	nail.com annual report notificatio	n)	
For fu	rther information concerni	ng this matter, plea	se call:	
	William Rubino	at (978) 314-9480	
	Name of Person		Area Code & Daytime Telephone Number	
	STREET/COURIER ADI Registration Section Division of Corporations	DRESS:	MAILING ADDRESS: Registration Section Division of Corporations	
	Clifton Building 2661 Executive Center Circ Tallahassee, Florida 32301	:le :	P.O. Box 6327 Tallahassee, Florida 32314	
	Enclosed is a check for	the following amo	unt:	
	\$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: The	Connected Analysis Group, LLC
2. (a) Principal office address of limited liability compa	nny: 14103 Anastasia Lane
(Note: MUST BE STREET ADDRESS)	Orlando, FL 32828
(b) Mailing address of limited liability company:	P.O. Box 781-443
(Note: MAY BE POST OFFICE BOX)	Orlando, FL 32878
November 12, 2010	L10000117639
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office shown of	on the records of the Florida Dept. of State
Registered Agent:	United States Corporation Agents, Fig.
Registered Office Address:	13302 Winding Oaks Blvd. Suite A Tampa, FL 33612
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>N</u> <u>NEW</u> Registered Agent:	EW Registered Office address: William F. Rubin O
<u>NEW</u> Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	14103 Anastasia Lane
	Orlando ,FL 32828
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 other operating agreement of the limited liability company or as other operating agreement of the limited liability company or as other operating agreement of the limited liability company or as other operating agreement of the limited liability company of a member of a member or authorized representative of a member	Florida street address of the registered office entical. Or, in the case of a Florida limited (s) was/were authorized by an affirmative vote terwise provided in the articles of organization
William F. Rubino	
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 part of the compart is being filed to nad accept the compart is being filed to nad accept the limited liability compared to the compared by confirm that the limited liability compared to the compared by confirm that the limited liability compared to the compared by the comp	l agree to act in this capacity. I further agree to proper and complete performance of my duties, position as registered agent as provided for in nerely reflect a change in the registered office iny has been notified in writing of this change.

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

Signature of Registered Agent