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(Rec	questor's Name)	• • • • •
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Certified Copies	Certificates	s of Status
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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Locian, LLC	
Nam	ne of Limited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Offi	ice Change and fec(s) are submitted for filing.
Please return all correspondence concerning this	is matter to the following:
Floyd L. Devine	
Name of Person	
Locian, LLC	
Firm/Company	
4332 SE Cove Lake Cir Apt 207	
Address	
Stuart, FL 34997	
City/State and Zip Code	
floyd.devine@gmail.com	
E-mail address: (to be used for future ann	nual report notification)
For further information concerning this matter,	please call:
Floyd L Devine	407 325-5451
Name of Person	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 605.0114 or 605.0116, 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.

(a) _	Locian, LLC		(b) Locian, I		LLC
·· (u) .	Principal office address of limited liability compar (Note: MUST BE STREET ADDRESS)	ny:			Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	6526 South Kanner Highway Suite 231	1		6526 So	outh Kanner Highway Suite 231
	Stuart, FL 34997			Stuart, F	FL 34997
	December 21, 2010			L1000012	29835
•	Date of filing/registration in Florida	4.	-		Document number
(a)	Devine, Floyd L				
	Registered Agent and Registered Office shown on the rece	ords of the Flo	rida	Dept. of State	e:
	Locian, LLC				
	Registered Office Address (MUST BE FLORIDA ST	REET ADDR	ESS)	
	5401 South Kirkman Road Suite 310				a . Ai
	Orlando	, FL 328	19		0C1
		, FL			A
(b)					
	Enter name of NEW Registered Agent and/or NEW Reg	istered Office	ade	iress:	- 7
	Locian, LLC				## #2
	NEW Registered Office Address:				_
	6526 South Kanner Highway Suite 231	1			
	Stuart	240	07		-
	Stuart	, FL_349	97		_
chai ent w s/we	mited liability company is not organized under nge or changes are made, the Florida street addrill be identical. Or, in the case of a Florida lim re authorized by an affirmative vote of the members of organization or the operating agreement	ress of the r lited liability libers of the of the limit	egis y co lim ed l	tered office mpany, it is ited liabilit	e and the business office of the register is hereby confirmed that the change(s) by company or as otherwise provided in inpany.
idnot	urcol a member of authorized representative of a member		-10)	d L Devi	Printed or typed name of signee
ereb visio obli nere	by accept the appointment as registered agent all ons of all statutes relative to the proper and configutions of my position as registered agent as poly reflect a change in the registered office address of this change.	nd aoree to	act rma in C	in this cap ince of my chapter 605 infirm that	acity I further garee to comply with the