L11000000385

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COVER LETTER

TO:	Registration Section Division of Corporations			
SUBJ		The Processing Office, LLC Name of Limited Liability Company		
Dear S	Sir or Madam:			
The e	nclosed Registered Agent/Registered (Office (Change and fee(s) are submitted for filing.	
Please	return all correspondence concerning	this m	natter to the following:	
	John Gomez		· 	
	Name of Person			
	The Processing Office, LLC			
	2255 Glades Rd, Suite 323 Address	Α		
	Boca Raton, FL 33431 City/State and Zip Code			
E-	Support@theprocessingoffice.	COM otificatio	on)	
For fui	rther information concerning this matt	er, plea	ase call:	
	John Gomez	_ at (561) 290-0444	
	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 followin	g 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.

1. Name of the limited liability company:	The Processing Office, LLC
2. (a) Principal office address of limited liability com	npany: 2255 Glades Rd, Suite 323 A
(Note: MUST BE STREET ADDRESS)	
	Boca Raton, FL 33431
(b) Mailing address of limited liability company:	2255 Glades Rd, Suite 323 A
(Note: MAY BE POST OFFICE BOX)	·
	Boca Raton, FL 33431
01/03/2011	L1100000385
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office shows	n on the records of the Florida Dept. of State:
Registered Agent:	Laura M. Gomez
Registered Office Address:	2255 Glades Rd, Suite 302-E
	Boca Raton, FL 33431
(b) Enter name of NEW Registered Agent and/or	NEW Registered Office address:
NEW Registered Agent:	
NEW Registered Office Address:	2255 Glades Rd, Suite 323 A
(MUST BE FLORIDA STREET ADDRESS)	Boca Raton ,FL 33431
If the limited liability company is not organized under confirmed that after the change or changes are made, t and the business office of the registered agent will be i liability company, it is hereby confirmed that the chan of the members of the limited liability company or as or the operating agreement of the limited liability company or as for the operating agreement of the limited liability company or as for the operating agreement of the limited liability company. Signature of a member or authorized representance of a member Laura M, Gomez Printed or typed name of signee I hereby accept the appointment as registered agent accomply with the provisions of all statutes relative to the	he Florida street address of the registered office identical. Or, in the case of a Florida limited ge(s) was/were authorized by an affirmative vote otherwise provided in the articles of organization pany.
I hereby accept the appointment as registered agent a comply with the provisions of all statutes relative to the and I am familiar with and accept the obligations of m Chapter 608, F.S. Or, if this document is being filed to address, I hereby comment that the limited liability com Signature of Registered Agent	y position as registered agent as provided forth of most provided forth of merely reflect a change in the registered office pany has been notified in writing of this change.

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