

L110000004109

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

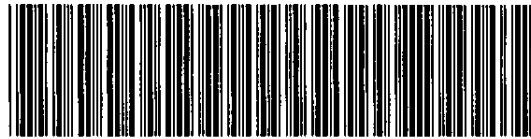
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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11/19/12--01009--014 **25.00

FILED
12 NOV 19 PM 12:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N. Culligan NOV 20 2012

November 15, 2012

VIA US MAIL

Florida Department of State
Division of Corporations
Corporate Filings
P.O. Box 6327
Tallahassee, FL 32314

Re: Eval Holdings, LLC

Dear Sir or Madam:

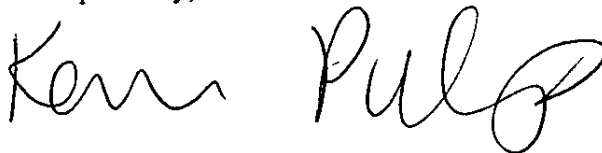
On behalf of the above-referenced corporation, enclosed please find the following for filing with the Florida Secretary of State:

1. One original (1) and one (1) copy of Change of Registered Agent/Address form;
2. **\$25.00** to cover the required filing fee.

Please file immediately the enclosed, and return a file-stamped copy to the undersigned.

If you have any questions regarding this filing, feel free to contact the undersigned directly at (888) 705-7274.

Respectfully,

A handwritten signature in black ink, appearing to read "Karina Pulkamp". The signature is fluid and cursive, with the first name "Karina" and last name "Pulkamp" clearly distinguishable.

KARINA PULSKAMP
REGISTERED AGENT SOLUTIONS, INC.

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: EVAL HOLDINGS, LLC
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 correspondence concerning this matter to the following:

Karina Pulskamp

Name of Person

Registered Agent Solutions, Inc.

Firm/Company

1701 Directors Blvd. Ste 300

Address

Austin, TX 78744

City/State and Zip Code

clientservices@rasi.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Karina Pulskamp

Name of Person

at (888)

705-7274

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 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: EVAL HOLDINGS, LLC

2. (a) Principal office address of limited liability company: _____

(Note: **MUST BE STREET ADDRESS**)

12276 SAN JOSE BLVD. SUITE 521
JACKSONVILLE FL 32223

(b) Mailing address of limited liability company: _____

(Note: **MAY BE POST OFFICE BOX**)

12276 SAN JOSE BLVD. SUITE 521
JACKSONVILLE FL 32223

1/10/2011

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3. Date of filing/registration in Florida

4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Agent: CHISM, LORIE L

Registered Office Address: 1301 RIVERPLACE BLVD. SUITE 1500
JACKSONVILLE FL 32207-0500

(b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

NEW Registered Agent: Registered Agent Solutions, Inc.

NEW Registered Office Address:
(MUST BE FLORIDA STREET ADDRESS) 155 Office Plaza Dr. Suite A
Tallahassee, FL 32301

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Signature of a member or authorized representative of a member

Bryan Guckavan
Printed or typed name of signee

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Art Flores
Signature of Registered Agent

Art Flores, Asst. Secretary

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