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Office Use Only



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2011 JUL 25 RH & 59 SECRETARY OF STATE ALL-AHASSEE FLORIDA

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COVER LETTER

| Division of C | orporations | | | | | |
|--|--|-----------------|--|----------------------|--|---------|
| CUPTECT | HOST M/ | | AENIT OED |) //CES | | |
| SUBJECT: | | | Liability Con | RVICES, LLC | | |
| | Name | Ji Lillilleu | Liaulity Con | npany | | |
| Dear Sir or Madam: | | | | | | |
| The enclosed Registe | red Agent/Registere | d Office C | hange and fee | e(s) are submitted | d for filing. | |
| Please return all corre | espondence concerni | ng this ma | tter to the foll | lowing: | | |
| A | DMINISTRATOR | | | | | |
| | Name of Person | | | | • | |
| HOST MANA | AGEMENT SERVIO Firm/Company | CES, LLC | and the state of t | | ZOII J SEGR TALLA | |
| F | PO BOX 692191 | | | - | L 25 ETARY HASSE | |
| | Address | | | | m- | i Fy |
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| | NDO FLORIDA 328 | 869 | | | A SE | - |
| Cit | y/State and Zip Code | | | | 3> ° • • • • • • • • • • • • • • • • • • | |
| RRS GI | | COM | • | | | |
| E-mail address: (to be | _OBAL@YAHOO.0 used for future annual repo | rt notification |) | | | |
| For further information | on concerning this m | atter, pleas | se call: | | | |
| ADMINIS | STRATOR | at (| 407) | 488503 | 15 | |
| Name of | Person | | Area Code | e & Daytime Telephon | e Number | |
| STREET/COU Registration Se Division of Cor Clifton Building 2661 Executive Tallahassee, Flo | porations g Center Ci rcle | , | Registration Division of 0 P.O. Box 63 | Corporations | | |
| Enclosed is a | check for the follow | ving amou | nt: | | | |
| \$25 Filing I | Fee | [| \$55 Filing | Fee & Certified | Сору | |

TO: Registration Section

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: HOST | MANAGEMENT SERVICES, LLC |
|--|--|
| 2. (a) Principal office address of limited liability company | y: 6913 VALERIAN BLVD |
| (Note: MUST BE STREET ADDRESS) | ORLANDO, FLORIDA 32819 |
| (b) Mailing address of limited liability company: | 6913 VALERIAN BLVD |
| (Note: MAY BE POST OFFICE BOX) | ORLANDO, FLORIDA 32819 |
| 01/24/2011 | <i>ዓሁ</i> ጔ L1100000 6992 |
| 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: | GLOBAL SALES SOLUTIONS, LLC |
| Registered Office Address: | 8810 COMMODITY CIRCLE ORLANDO, FLORIDA |
| (b) Enter name of <u>NEW Registered Agent</u> and/or <u>NE</u> | W Registered Office address |
| NEW Registered Agent: | GLOBAL SALES STRATEGES |
| NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS) | 6193 VALERIAN BLVD RESIDENCE OF STATE O |
| If the limited liability company is not organized under the confirmed that after the change or changes are made, the F and the business office of the registered agent will be ident liability company, it is hereby confirmed that the change(s) of the members of the limited liability company or as other or the operating agreement of the limited liability company | lorida street address of the registered office tical. Or, in the case of a Florida limited has was were authorized by an affirmative vote. |
| CSACCO | _ |
| I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the providing of all statutes relative to the providing I am familiar with and accept the obligations of my po Chapter 608, F.S. Or, if this document is being filed to me address, I hereby confirm that the limited liability company Signature of Registered Agent | gree to act in this capacity. I further agree to oper and complete performance of my duties, sition as registered agent as provided for in rely reflect a change in the registered office y has been notified in writing of this change. |