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## L110000057511

(Re	questor's Name)				
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(Address)					
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(Cit	y/State/Zip/Phone	: #)			
PICK-UP	WAIT	MAIL			
(Bu	siness Entity Nam	ne)			
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SECREPARY OF STATE

B. BOSTICK
MAY - 7 2012
EXAMINER

## **COVER LETTER**

Division of Con								
SUBJECT:	Coher	ent Re	sear	ch Gi	roup, LLC			
	Name of				<del>-                                    </del>		<u></u>	,
Dear Sir or Madam:								
The enclosed Registere	nd Agent/Registered	Office (	Change	and f	fee(s) are submitted	for filing	<u>;</u> .	
Please return all corres	pondence concerning	g this ma	atter to	the fo	ollowing:			
	Don Jacob							
,	value of reison							
	Research Group, I	LLC						
127	Three Bears Trail		10			TA:	12	
	Address					LAHA	_	acres (ma
Ormon	d Beach, FL 3217	4				IASSI	¥ -3	T
	State and Zip Code	<u>-</u>	,				P	T
YOriko( E-mail address: (to be us	Ocoherentlidar.con	n notification	n)	_		STATE	2: 46	
For further information	concerning this mat	tter, plea	se call	:				
Yoriko K	itazawa	at (	619	)	252-934	.9		
Name of P	erson			Атеа С	ode & Daytime Telephone	e Number		
	RIER ADDRESS:				G ADDRESS:			
Registration Sect		Registration Section						
Division of Corp	orations				of Corporations			
Clifton Building 2661 Executive (	Santar Cirola			Box	6327 ee, Florida 32314			
Tallahassee, Flor			141	auass	oo, Florida 32314			
Enclosed is a c	heck for the followi	ng amo	unt:					
\$25 Filing Fe	ee			5 Fili	ng Fee & Certified	Conv		

TATT TO 10 / E #101

## 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:	Coherent Research Group, LLC		
2. (a) Principal office address of limited liability con	ompany: 127 Three Bears Trail		
(Note: MUST BE STREET ADDRESS)	Ormond Beach, FL 32174		
(b) Mailing address of limited liability company:	127 Three Bears Trail		
(Note: MAY BE POST OFFICE BOX)	Ormond Beach, FL 32174		
May 16, 2011	L11000057511		
3. Date of filing/registration in Florida	4. Document number		
5. (a) Registered Agent and Registered Office show	wn on the records of the Florida Dept. of State:		
Registered Agent:	Janice Null		
Registered Office Address:	17888 67th Court North		
	Loxahatchee, FL 33470		
(b) Enter name of <u>NEW Registered Agent</u> and/o <u>NEW Registered Agent</u> :	Don Jacob		
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	127 Three Bears Trail		
	Ormond Beach ,FL32174		
If the limited liability company is not organized unde confirmed that after the change or changes are made, and the business office of the registered agent will be liability company, it is hereby confirmed that the char of the members of the limited liability company or as or the operating agreement of the limited liability company of the limited liability company or as or the operating agreement of the limited liability company of the limited liability comp	the Florida street address of the registered office		
Printed or typed name of signee	-17. IX 9-14		
I hereby accept the appointment as registered agent comply with the provisions of all statutes relative to the and I am familiar with and accept the obligations of the Chapter 608, F.S. Or, if this document is being filed address, I hereby confirm that the limited liability considered for a superior of Posietred Acest.	and agree to act in this capacity. I firther agree to he proper and complete performance of my duties, my position as registered agenFas provided for in to merely reflect a change in the registered office mpany has been notified in writing of this change.		