L11000070521

(Requ	estor's Name)			
(Addre	ess)			
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(City/S	State/Zip/Phone #)		
PICK-UP	☐ WAIT	MAIL.		
(Busin	ess Entity Name)		
(Document Number)				
Certified Copies	Certificates of	f Status		
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SECRETARY OF STATE TALLAHASSEE, FLORIDA

2811 AUG 26 AM 8:

J. SAULSBERRY EXAMINER

AUG 29 2011

COVER LETTER

TO:	Registration Section Division of Corporations							
SUBJ	ECT:	Enterade In Name of Lim				*******		
Dear S	Sir or Madam:							
The en	aclosed Registered Agent/F	Registered Offic	ce Change	and fee(s)	are submitted for	r filing.		
Please	return all correspondence	concerning this	s matter to	the follow	ing:			
	Rebekah M.			· —				
	Name of Person	on						
<u> </u>	Holden, Carpenter, Rosc Firm/Compan		, P.L.			SECF TALLA	2011 A	
	5608 N.W. 43i	<u>rd Street</u>	•			HAS	7111 AUG 26	_ F
	Address			_		RY OF SEE. F		l.
	Gainesville, Flor			_		STATE	AM 8: 18	(
	·					<i>}</i> >	-	
E-r	laurab@she	y.com annual report notific	cation)					
For fur	ther information concerning	ıg this matter, p	olease call	:				
	Rebekah M. Kurdzie	ılat	(352	_)	373-7788			
	Name of Person			Area Code & D	Daytime Telephone Nu	ımber		
	STREET/COURIER ADD Registration Section Division of Corporations Clifton Building 2661 Executive Center Circl Tallahassee, Florida 32301		Reg Div P.O	itLING ADI distration Sec dision of Corp display Box 6327 dahassee, Flo	etion porations	٠ .		
	Enclosed is a check for t	he following ar	mount:	, <i>'.</i>				
[✓ \$25 Filing Fee		\$5	5 Filing Fee	e & Certified Co	ру		

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.

			rade Investment Partners, LLC			
2. (a) Principal office address of limited liability compar	2. (a) Principal office address of limited liability company:		N. 1st Plac	ce		
(Note: MUST BE STREET ADDRESS)	Suite A Gaine	A sville, Florida 32	607			
(b) Mailing address of limited liability company:		6110 N.W. 1st F	Place			
(Note: MAY BE POST OFFICE BOX)	Suite /	A sville, Florida 32	607			
June 16, 2011		L1100007	0521			
3. Date of filing/registration in Florida	4. Docu	ıment number	,			
5. (a) Registered Agent and Registered Office shown or	n the recor	ds of the Florida l	Dept. of Sta	te:		
Registered Agent:	Laura	Shey				
Registered Office Address:	Suite A	I.W. 1st Place A sville, Florida 320	067			
(b) Enter name of NEW Registered Agent and/or NE	EW Regist	tered Office addr	ess:			
NEW Registered Agent:						
<u>NEW</u> Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	Suite A	N.W. 1st Place				
	Gaines	sville	,FL <u>32</u>	507		
If the limited liability company is not organized under the confirmed that after the change or changes are made, the I and the business office of the registered agent will be iden liability company, it is hereby confirmed that the change of the members of the limited liability company or as other or the operating agreement of the limited liability company. Signature of a member or authorized representative of a member Laura Shey Printed or typed name of signee I hereby accept the appointment as registered agent and a	Florida str ntical. Or, s) was/wei erwise pro y. —	eet address of the in the case of a F re authorized by a vided in the article	registered Call All G 26 AM 8: 18	office d d e vote zation		
I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the prand I am familiar with and accept the obligations of my per Chapter 608, F.S. Or, if this document is being filed to maddress, I hereby confirm that the limited liability company. Signature of Registered Agent	röper and osition as erely refle 1y has bee	complete perform registered agent of ct a change in the n notified in writin	ance of my is provided registered ig of this ch	duties, for in office iange.		

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

INHS18 (05/08)