L11000077879

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ION SERVICE COMPANY.			
ACCOUNT NO. :	12000000195		
REFERENCE :	781575 7925111		
AUTHORIZATION :	well ble man		
COST LIMIT :	\$ 25.00		
ORDER DATE : August 29, 2013	·		
ORDER TIME : 5:02 PM			
ORDER NO. : 781575-011			
CUSTOMER NO: 7925111			
CHANGE OF AGENT			
NAME: VEILED TECHNOLO LIABILITY COMPA			
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:			
CERTIFIED COPY PLAIN STAMPED COPY			
CONTACT PERSON: Susie Knight	EXT# 52956		
	EXAMINER:		

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: <u>VEILED TECH</u>	NOLOGIES LIMITED LIABILITY	COMPANY
 (a) Principal office address of limited liability compar (Note: MUST BE STREET ADDRESS) 	Hwv #188	
	Odessa, FL, 33556	.
(b) Mailing address of limited liability company:	17633 Gunn Highway	
(Note: MAY BE POST OFFICE BOX)	Hwy #188 Odessa, FL, 33556	
07/05/0044	L 11000077870	
07/05/2011 3. Date of filing/registration in Florida	<u>L11000077879</u> 4. Document number	
5. (a) Registered Agent and Registered Office shown or	the records of the Florida Dep	ot. of State:
Registered Agent:	Peter Runo	
Registered Office Address:	17633 Gunn Highway	
•	Hwv.#188	<u> </u>
	Odessa, FL, 33556	<u> </u>
(b) Enter name of NEW Registered Agent and/or NE	W Registered Office address	SEP SEP AHAS
NEW Registered Agent:	Compartion Service Company	SEE O
NEW Registered Agent.	Corporation Service Company	77 7
NEW Registered Office Address:	1201 Havs Street	85 7 C
(MUST BE FLORIDA STREET ADDRESS)	Tallahassee	₩ 1323 64
If the limited liability company is not organized under the confirmed that after the change or changes are made, the land the business office of the registered agent will be ider liability company, it is hereby confirmed that the change(s) the members of the limited liability company or as otherw the operating agreement of the limited liability company. Signature of a member or authorized representative of a member	Florida street address of the reg ntical. Or, in the case of a Flori s) was/were authorized by an at	istered office da limited ffirmative vote of
Peter Rung Printed or typed name of signee	_	
I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the pand I am familiar with and accept the obligations of my pand I am familiar with and accept the obligations of my pand in the limited liability compand the limited liability compands:	agree to act in this capacity. It roper and complete performant ostion as registered agent as perely reflect a change in the rely has been notified in writing the Sue G. Knight writing Assistant Vice President	further agree to ce of my duties, provided for in gistered office of this change,
Signature of Registered Agent Corporation Service Company	Assistant vide interior	

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