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(Requestor's Name)								
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(Address)								
(Address)								
(City/State/Zip/Phone #)								
PICK-UP WAIT MAIL								
(Business Entity Name)								
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(Document Number)								
Certified Copies Certificates of Status								
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Special Instructions to Filing Officer:								
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SECRETARY OF STATE

AUG_4 2015
T. HAMPTON

COVER LETTER

_	O: Registration Section Division of Corporations								
SUBJECT:	Process Analysts Guild, LLC								
Name of Limited Liability Company									
Dear Sir or N	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:									
A. Stanley	Duffendack								
	Name of Person								
	Firm/Company								
2311 Palm	n Way								
	Address	,							
Sanford, F	EL 32773								
	City/State and Zip Code								
stan.duffe	ndack@processanalystsguild.co	om							
E-mail address: (to be used for future annual report notification)									
For further i	nformation concerning this matter, ple	ease call:							
Stan Duffe		407 at (320-7336						
	Name of Person	A	Area Code & Daytime Telephone Number						
Reg Divi Clift 266	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	Filing Fee & Certified Copy							

INHS18 (2/14)

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, 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. Na	ame of the limited liability company: Process Anal	ysts G	Guil	d, LLC			
			(b) _				
(-)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	- `	(-/-	1	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
	1001 Wainright Drive	1001 Wainrig		ainright Dri	right Drive		
	Oviedo, FL 32765		(Oviedo,	FL 32765		
	7/21/2011		Ľ	100008	83898		
3.	Date of filing/registration in Florida	4.			Document r	number	
5. (a)							
• • •	Registered Agent and Registered Office shown on the records of t	he Florio	da D	ept. of Stat	e:		
	Erica Wittenmyer				_		
	Registered Office Address (MUST BE FLORIDA STREET A	<u>55)</u>					
	1001 Wainright Drive				_	SECII T	
	Oviedo	32765	5				
(b)	A. Stanley Duffendack				_	TAKY SF. F.	
, ,	Enter name of NEW Registered Agent and/or NEW Registered	Office a	<u>iddr</u>	<u>:ss</u> :		JIG -3 PH 1: 49 JRETAKY FF STATE ARETAKY FF STATE	
	NEW Registered Office Address:				_		
	2311 Palm Way				_		
	Sanford , FL	32773	3		_		
the cha agent v was/w the arti	imited liability company is not organized under the law ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lia ere authorized by an affirmative vote of the members of icles of organization of the operating agreement of the ture of a member or authorized representative of a member by accept the appointment as registered agent and agreement of all statutes relative to the proper and complete.	the reg ability of the lin limited E	giste com mite l lia rica	red offic pany, it i ed liabilit bility cor Witten	e and the busis hereby conty company on pany. Printed or typoccity. I furting the second conty.	siness office of the registered afirmed that the change(s) or as otherwise provided in oed name of signee	
the obli to mer notifie	ions of all statutes relative to the proper and complete ligations of my position as registered agent as provided ely reflect a change in the registered office address, I had in writing of this change.	for in iereby	Ch con	apter 60. firm that	5, F.S. Or, i the limited l	f this document is being filed iability company has been	

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

Signature of Registered Agend