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(Requestor's Name)						
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(Business Entity Name)						
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D. BRUCE

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EXAMINER

COVER LETTER

TO:	Registration Section Division of Corporations						
SUBJE		s Infosy			·		
	Name of Lim	lited Liabil	ity Co	mpany			
Dear S	ir or Madam:						
The en	closed Registered Agent/Registered Offic	ce Change	and fe	ee(s) are submitted for fi	ling.		
Please	return all correspondence concerning thi	s matter to	the fo	ollowing:			
	Vatsal Shah		:				
	Name of Person						
	Futuros InfoSystems LLC		_		•••		
	Firm/Company						
1	Section 18						
	14744 Falling Waters Dr				8E(
	Address				AUG 20 AM 10: 4 CRETARY OF STATE CAHASSEEL FLORI		
					SAIN SAIN	_n_	
	Jacksonville FL, 32258				938 148	ER	
	City/State and Zip Code				A A	0.0	
	vatsal72@hotmail.com mail address: (to be used for future annual report notifi				€ F 19		
E-r	mail address: (to be used for future annual report notifi	ication)			a. e		
For fur	ther information concerning this matter,	please call	:				
	Vatsal Shah	t (904		2603642			
	Name of Person	t (<u>904</u>) Area Co	xde & Daytime Telephone Numb	oer		
				·			
	STREET/COURIER ADDRESS:			G ADDRESS:			
Division of Corporations Clifton Building 2661 Executive Center Circle Div P.C Tal				on Section of Corporations			
			P.O. Box 6327 Tallahassee, Florida 32314				
	Enclosed is a check for the following a	amount:					
ſ	 √ \$25 Filing Fee	☐ \$5	5 Filir	ng Fee & Certified Copy	•		

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.

Name of the limited liability company:	Futuros Infosystems LLC				
2. (a) Principal office address of limited liability compar	ny: 14744 Fall	14744 Falling Waters Dr			
(Note: MUST BE STREET ADDRESS)	Jacksonville , FL, 3225	i8			
(b) Mailing address of limited liability company:	14744 Falling W	/aters Dr			
(Note: MAY BE POST OFFICE BOX)	Jacksonville, FL, 3225	8			
February 21, 2012	L12000024	4678			
3. Date of filing/registration in Florida	4. Document number				
5. (a) Registered Agent and Registered Office shown or	n the records of the Florida I	Dept. of State:			
Registered Agent:	Business Filings Incorp	oorated			
Registered Office Address:	515 E. Park Avenue Tallahassee, FL 32301	12 AUG ;			
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NI NEW</u> Registered Agent: <u>NEW</u> Registered Office Address:	Vatsal Shah	10: 49 STATE LIGRID,			
(MUST BE FLORIDA STREET ADDRESS)	14744 Falling Waters Dr Jacksonville ,FL32258				
If the limited liability company is not organized under the confirmed that after the change or changes are made, the and the business office of the registered agent will be ide liability company, it is hereby confirmed that the change of the members of the limited liability company or as other the operating agreement of the limited liability company.	e laws of the State of Florida Florida street address of the	, it is hereby registered office			
Signature of a member or authorized representative of a member	_				
Vatsal Shah Printed or typed name of signee I hereby accept the appointment as registered agent and	— Lagree to get in this canacity	. I further acree to			
I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the p and I am familiar with and accept the obligations of my p Chapter 608, F.S. Or, if this document is being filed to maddress, I hereby confirm that the limited liability compa	roper and complete perform position as registered agent a nerely reflect a change in the ny has been notified in writi	nance of my duties, as provided for in e registered office ng of this change.			
Signature of Registered Agent					

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