

L12000082379

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

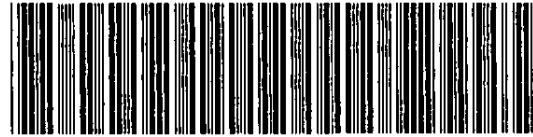
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G. MCLEOD

AUG 21 2012

EXAMINER



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07/23/12--01035--023 \*\*35.00

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FILED  
12 AUG 20 PM 2:50  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

August 3, 2012

ITAC, LLC  
914 WOODBRIDGE COURT  
SAFETY HARBOR, FL 34695-2951

SUBJECT: ITAC, LLC  
Ref. Number: L12000082379

We have received your document for ITAC, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Gina McLeod  
Regulatory Specialist II

Letter Number: 712A00020257

Resubmit signed form 8/14/2012 via email & UPS

ATTENTION: GINA MCLEOD

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** ITAC, LLC

Name of Limited Liability Company

Dear Sir or 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:

J'Amie Webster

Name of Person

Laughlin Associates, Inc.

Firm/Company

9120 Double Diamond Pky

Address

Reno, NV 89521

City/State and Zip Code

nancy.jensen-heppel@itacorp.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

J'Amie Webster

Name of Person

at (775)

883-8484

Area Code & Daytime Telephone Number

**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

☐ \$55 Filing Fee & Certified Copy

Resubmit\*\* payment already received by FL

**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: ITAC, LLC
2. (a) Principal office address of limited liability company: 935 MAIN ST, STE C-1  
(Note: **MUST BE STREET ADDRESS**) SAFETY HARBOR, FL 34695
- (b) Mailing address of limited liability company: 935 MAIN ST, STE C-1  
(Note: **MAY BE POST OFFICE BOX**) SAFETY HARBOR, FL 34695
3. Date of filing/registration in Florida: 6-21-12
4. Document number: L12000082379
5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:  
Registered Agent: NRAT SERVICES, INC.  
Registered Office Address: 515 EAST PARK AVENUE  
TALAHASSEE, FL 32301 US
- (b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:  
**NEW Registered Agent:** \_\_\_\_\_  
**NEW Registered Office Address:** \_\_\_\_\_  
(**MUST BE FLORIDA STREET ADDRESS**) \_\_\_\_\_, FL \_\_\_\_\_

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Signature of a member or authorized representative of a member

NANCY S. JENSEN-HEPPEL  
Printed or typed name of signer

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Signature of Registered Agent

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

12 AUG 20 PM 2:58  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED