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CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500

EXAMINER:

CONTACT PERSON: Emily Croft -- EXT# 62925

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. N	ame of the limited liability company: Orsini IT, LLC			
2. (a)	7900 NW 155th Street. Suite 103	(b)	14028	NW 82nd Ave
	Principal office address of limited liability company (Nate: MUST BE STREET ADDRESS)			Multing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	Miami Lakes. FL 33016		Miami La	akes. FL 33016
	7/25/2012		L1200009	96611
3.	Date of filing/registration in Florida	4.		Document number
5. (a)				
	Registered Agent and Registered Office shown on the records of t	he Florida l	Jept, of State	::
	1840 SW 22ND ST., 4TH FLOOR			三二 三二 三三 三二 三三 三二 三三 三三 三三 三三 三三 三三 三三 三
	Registered Office Address			
		120111.55)		NG -I
		· · · · · · · · · · · · · · · · · · ·	·	
	Miami FI.	22445		(3377) [14]
	· [1-	33143		AM 7:5
(b)	Corporation Service Company			987 :
	Enter name of NEW Registered Agent and/or NEW Registered ((MEan of the		Se 5
	Sill and Silv Repleter	Omee sigar	<u>ev.</u> :	7
	1201 Havs Street			
	YEW Registered Office Address:			
	Registered office Address.			
	Tallahassee	33301		
	ri	32301		
If the lir	mited liability company is not organized under the laws	s of the Si	tate of Flor	rida it is barabu quationed there are
ne char wew w	ige or changes are made, the Florida street address of a lill be identical. Or, in the case of a Florida limited list	he registe	red office	and the business office of the registered
126111 11 1135/Wel	ill be identical. Or, in the case of a Florida limited liable authorized by an aftermative vote of the members of	oility com	pany, it is	hereby confirmed that the change(s)
he artie	e authorized by an aftirmative vote of the members of less of organization or the operating agreement of the li	me umue imited lial	et Hability bility comi	company or as otherwise provided in
Signatu	real a member or authorized representative of a member	Raymo		ry Orsini Jr.
				Printed or typed name of signee
provisió he oblig o merel otified	caccept the appointment as registered agent and agree ns of all statutes relative to the proper and complete pa pations of my position as registered agent as provided j wreflect a change in the registered office address. The in wriging of this change.	e to act in erformand for in Cha reby conf	this capac ce of my di apter 603, arm that ik	city. I further agree to comply with the uties, and I am familiar with and accept F.S. Or, if this document is being filed we limited liability company has been
En	uly Croft		Emily	
Signature	of Registered Agent C. K.	BY: As	st Vice	President
	Division of Corporations • P.O. Bo	X 03270	Lallahasse	4.1 081(101) ee, FL 32314
	FILING FEE	E: \$25.00		