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COVER LETTER

TO:	Registration Section Division of Corporations						
SHRJI	LEGACY DATA INTELLIGENCE, LLC						
	Name of Limited Liability Company						
Dear S	ir or Madam:						
The en	closed Registered Agent/Registered	l Office Change and	fee(s) are submitted for filing.				
Please	return all correspondence concernit	ng this matter to the	following:				
Ronald	Walker						
	Name of Person		_ 				
LEGAC	CY DATA INTELLIGENCE, LLC						
	Firm/Company						
РО ВО	X 781686						
	Address						
Orland	o, Florida 32878						
	City/State and Zip Co	жde					
	lker@cstfs.com						
	-mail address: (to be used for futur	e annual report notif	ication)				
For fur	ther information concerning this m	atter, please call:					
Ronald	Walker	-407 at (948-2183				
	Name of Person	ar (Area Code & Daytime Telephone Number				
	Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street. Suite 810 Tallahassee. Fl. 32303				
	Enclosed is a check for the follo	wing amount:					
	■ \$25 Filing Fee	o s	55 Filing Fee & Certified Copy				
INTER	0 (2/11)						

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.

I. Na	nme of the limited liability company: LEGACY DATA I	NTEL	LIC	SENCE, I	LLC
2. (a)	6765 Narcoossee Rd.		(b)	PO Box	781686
21 (417	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		` ′		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	Suite 136	_		Orlando.	FL 32878
	Orlando, F1, 32822				
	09/18/2012		l.	1200011	9308
3.	Date of filing/registration in Florida	4.			Document number
5. (a)	CHAD A WALTERS, P.A.				
	Registered Agent and Registered Office shown on the records of the 174 WEST COMSTOCK AVENUE	he Flor	ida l	Dept. of Si	rate:
	Registered Office Address	DDRE	SS)		
	WINTER PARK (2)	32789			<u> </u>
	, 10,				—
(b)	Candy Jacobs				
	Enter name of NEW Registered Agent and/or NEW Registered	Office	add	ress:	÷ †
	14600 Yorkshire Run Drive				
	NEW Registered Office Address:				
					9 :
					<u>ـــ</u> د.
	Orlando	32828			
change agent v was/w	imited liability company is not organized under the law e or changes are made, the Florida street address of the 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 or the operating agreement of the l	regist bility f the I	erec cor imi	l office a ipany, it ed liabil	md the business office of the registered is hereby confirmed that the change(s) lity company or as otherwise provided in
	Malaka	R	ona	d S. Wal	
-	ntire of a member or authorized representative of a member				Printed or typed name of signee
provisi the obi to mer	by accept the appointment as registered agent and agre- ions of all statutes relative to the proper and complete p ligations of my position as registered agent as provided ely reflect a change in the registered office address. I h d'in writing of this change.	ee to a perfor I for in ereby	ict i mai 1 () 1 cm	n this co we of m wapter b yirm the	pacity. I further agree to comply with the y duties, and I am familiar with and accept 05, F.S. Or, if this document is being filed at the limited liability company has been
Signati	Division of Corporations • P.O. B	las 43	יינו	· Tallas	100000 FL 32314
	v Orision of Corporations C.O. D	OA US		- (41141	INDUCE I DECIT

FILING FEE: \$25.00