L14000155162

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DATE:

2/11/15

NAME: DATACONNEX, LLC

TYPE OF FILING: CHANGE OF AGENT

COST:

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AUTHORIZATION:

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

Pursuant to the provisions of sections 605.0114, 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.

oom, in the state of 1 to the				
1. Name of the limited liability company: DATACONNE	X, LLC			
2. (a) Principal office address of limited liability company (Note: MUST BE STREET ADDRESS)	740 Oat-Sald Drive, Suite 227			
(1.000, MOST 22 (7.1.000)	Brandon, FL 33511	Div.		
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	710 Oakfield Drive, Suite 227		FB	Total Time
	Brandon, FL 33511	762 762		
October 6, 2014	L14000155162	71 C.	平	
3. Date of filing/registration in Florida	1. Document number	084 084	7:2	1,44
5. (a) Registered Agent and Registered Office shown on the	he records of the Florida D	(ተን ርግ	0	
Registered Agent:	BLAHNIK, WILLIAM R			
Registered Office Address:	2004 GOLF MANOR BLVD			
	VALRICO, FL 33596			
(b) Enter name of NEW Registered Agent and/or NEW	V Registered Office addre	<u>:ss</u> :		
NEW Registered Agent:	National Corporate Resea	rch, Ltd.,	, Inc.	
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	155 Office Plaza Drive			
	Tallahassee	,FL_3	32301	
If the limited liability company is not organized under the la confirmed that after the change or changes are made, the Fle and the business office of the registered agent will be identifiability company, it is hereby confirmed that the change(s) the members of the limited liability company or as otherwise the operating agreement of the limited liability company. R. B. Signature of a member or authorized representative of a member	orida street address of the r cal. Or, in the case of a Flo was/were authorized by an	egistered orida lim affirmat	i offic ited ive vo	ote of
WELLEAM R. BLAHNEL				
Printed or typed name of signee				
I hereby accept the appointment as registered agent and ag comply with the provisions of all statutes relative to the pro and I am familiar with and accept the obligations of my pos Chapter 605, F.S. Or, if this document is being filed to mer address, I hereby confirm that the limited liability company	ree to act in this capacity. per and complete performa ition as registered agent as ely reflect a change in the l has been notified in writin	I further ince of m s provide registere g of this	r agre ny duti ed for ed offic chang	e to ies, in ce ze.
Hean Home				
Signature of Registered Agent Sean Honan, Assistant Secretar	v			

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

FILING FEE: \$25.00