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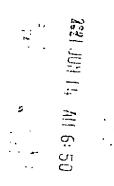
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Certified Copies	_ Certificates	of Status
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COVER LETTER

TO:

INHS18 (2/14)

Registration Section

Division of Corporations
SUBJECT: The Connection Team 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:
Teresa Griffin Name of Person
Carr Riggs & Ingram LLC Firm/Company
2583 Hunteliff Lane Address
Panama City Plorida 32405 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Michael Scott at (850) 185-6153 Name of Person Area Code & Daytime Telephone Number
Mailing Address:Street Address:Registration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of TallahasseeTallahassee, FL 323142415 N. Monroe Street, Suite 810Tallahassee, FL 32303
Enclosed is a check for the following amount:
\$25 Filing Fee \$\square\$ \$55 Filing Fee & Certified Copy

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

1. N	ame of the lin	nited liability con	mpany: Th	e Con	necti	on 7	eam_	<u>LLC</u>	マ 	
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I herei	by accept the	appointment as)	sentative of a member registered agent of the proper and co- istered agent as p stered office addi	and norman to a	at in this one	nacin. I G				,)t !