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Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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Help

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.

	ame of the limited liability company:			sui sales, L.L.U.			
2. (a)	6531 Park of Commerce Boulevard, Suite 1	70	(b): 6531	ark of Commerce Bouleva	ard, Suite 170		
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			Mailing address of limited liabil. (Note: MAY BE POST OFF			
	Boca Raton, Florida 33487		Boca Reton, Floride 33487				
							
	October 7, 1997			. L97000001131			
3.	Date of filing/registration in Florida	`4		Document number	Document number		
5. (a)	GY CORPORATE SERVICES,	, INC.	·				
	Registered Agent and Registered Office shown on the records of	of the Fi	orida Dept. of	State:			
	600 Brickell Avenue			;-1 ca			
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)				-		
	Suite 3500				費工		
	Miami, F	'L	33131		15		
(b)	COGENCY GLOBAL INC.			<u></u>	22 0		
	Enter name of NEW Registered Agant and/or NEW Registere		o oddress:	 20	~ -		
				記 			
•	115 North Calhoun Street, Suite NEW Registered Office Address:	1.4			. 0		
1	NEW Registered Office Adoress:		e Martin	:			
•	T -0-1			_ ,			
-	Tallahassee , FI	L	32301				
the chang agent will was/were	nited liability company is not organized under the large or changes are made, the Florida street address of the identical. Or, in the case of a Florida limited lies authorized by an affirmative vote of the members of some or the operating agreement of the	f the re iability of the l	gistered off company, i limite liabi	Ice and the business office of t t is hereby confirmed that the c lity company or as otherwise p	he registered change(s)		
-1	<u> </u>			Brian Wilson			
Signatur	e of a member or authorized representative of a member			Printed or typed name of signee			
I hereby provision the obligation merely notified in	accept the appointment as registered agent and age is of all statutes relative to the proper and complete atlons of my position as registered agent as provide reflect a change in the registered office address, I in mylling of this change.	ree to d perfor d for in hereby	ict in this ea mance of m i Chapter of confirm tha	spacity. I further agree to com y duiles, and I am familiar wid 15, F.S. Or, if this document is at the limited Hability company	ply with the h and accept s being filed has been		
Signature o	of Registered Agent						

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

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sign in the second