## 140000007185



ACCOUNT NO. : 072100000032

REFERENCE :

769829

COST LIMIT :

\$-35.00 \$25.00

ORDER DATE: July 19, 2000

ORDER TIME : 5:06 PM

ORDER NO. : 769829

CUSTOMER NO: 7215205

CUSTOMER:

Ms. Dixie Newton

Technisource, Inc.

1901 West Cypress Creek Road

Fort Lauderdale, FL 33309

CHANGE OF AGENT

199-7185

CONTACT PERSON:

NAME: TECHNISOURCE, LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY \_\_\_\_ PLAIN STAMPED COPY

Ta-<u>T</u>anisha Green

TALL AHASSAFE, ELCOIDA 2H 1. 4R09R00 PO NOISIVIO

00 JUL 21 AM 8: 59

BECEINED

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

Pursuant to the provisions of sections 608.416 or 608.508, 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. The name of the limits	ed liability company is	s: TECHNISOUR	RCE, LLC			
2. The mailing address o	f the limited liability	company is: _1	901 WEST CYPRE	SS CREEK RO	AD	
SUITE 200, FT.LAU	DERDALE, FLORIDA 3	33309	-			
OCTOBER 28, 1999		<u> </u>	L99000007185			
3. Date of filing/registrat	ion in Florida		4. Document num	ber		
5. The name of the register Florida Department of		istered office a	ddress as shown or	n the records	of the	;
	C T CO	RPORATION SY	STEN			
		Name	<u> </u>		_	
	1200 SOUT	H PINE ISLAN	D ROAD			-
		Address	· · · · · · · · · · · · · · · · · · ·			
	PLANTATI	ON, FLORIDA	33324			
City, State and Zip					9	₩
6. The name and address of the new registered agent and/or office:					00 JUL 21 AM 10:	SEORE T
	Corporati	on Service C	ompany		-	SE CONTRACT
Name					);;;==	물근
1201 Hays Street					<b>=</b>	S S
	Florida street addre	ess (P.O. Box N	OT acceptable)	-	0: 13	TATE
	Tallahassee	FL	32301			S
	City,	State and Zip	-			
If the limited liability conconfirmed that after the cand the business office of liability company, it is heatile members of the limite the operating agreement.  Signature of a member of authority authority authority and the complex of the appointment of the provision and I am familiar with an Chapter 608, F.S. Or, if address, I hereby confirm	hange or changes are to the registered agent we reby confirmed that the children company of the limited liability dized representative of a memory	made, the Flori vill be identical ne change(s) wa r as otherwise r company.	da street address o . Or, in the case o s/were authorized brovided in the arti	f the registere  of a Florida lin  by an affirma  cles of organi	ed offinited ative vization	vote of n or
Debonh 20. Skipp	121		borah D. Skipper	•		
(Signature of Registered Agent)		De	oe ite adent			
Divisio	on of Corporations, I	P.O. Box 6327,	Tallahassee, FL	32314		

**FILING FEE: \$25.00** 

INHS18(10/99)