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	To: Division of Corporations Fax Number : (850)617-6383	
	From: Account Name : CORPORATE CREATIONS INTERNATIONAL Account Number : 110432003053 Phone : (561)694-8107 Fax Number : (561)694-1639	L INC.
ar	the email address for this business entity to be used for fu nual report mailings. Enter only one email address please.**	lture
4 - 10-10-10-10	LLC REGISTERED AGENT CHANGE TECHNISOURCE, LLC Certificate of Status Certified Copy	DIVISION OF 10 SEP 28

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

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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. Name of the limited liability company:	Technisource, LLC			
2. (a) Principal office address of limited liability company:				
(Note: MUST BE STREET ADDRESS) 1901	WEST CYPRESS CREEK ROAD, SUITE 200 . FORT LAUDERDALE FL 33309			
(b) Mailing address of limited liability company:				
Note: MAY BE POST OFFICE BOX) 1214	0 WOODCREST EXECUTIVE DR #300 SAINT LOUIS MO 63141			
10/28/1999	L9900007185			
3. Date of filing/registration in Florida	4. Document number			
5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:				
Registered Agent:	C T CORPORATION SYSTEM			
Registered Office Address:	1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324			
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Office address</u> :				
NEW Registered Agent:	Corporate Creations Network Inc.			
<u>NEW</u> Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	11380 Prosperity Farms Road #221E			
	Palm Beach Gardens ,FL 33410			
If the limited liability company is not organized under the i confirmed that after the change or changes are made, the F and the business office of the registered agent will be ident liability company, it is hereby confirmed that the change(s) of the members of the limited liability company or as other or the operating agreement of the limited liability company <b>EXECUTED</b> Signature of a number or authorized representative of a member Kelly Cianfarano, Attorney-in-Fact Printed or typed name of signee	lorida street address of the registered office ical. Or, in the case of a Florida limited ) was/were authorized by an affirmative vote wise provided in the articles of organization			
rimeo or typeo name of signee				

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change. Signature of Registered Agent Division of Corporations, P.O. Box 6327, Tallabassee EL 32314

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

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