

Florida Department of State

Division of Corporations Public Access System

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Division of Corporations

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REGISTERED AGENT CHANGE

TECHNISOURCE, LLC

Certificate of Status	8
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JUL-08-2003 13:29

P.02/02

STATEMENT	OF CHANGE	OF REGISTERED	OFFICE OR	REGISTERED	AGENT OR
A V CV V AG-1700 . J	BOTH F	OR LIMITED LIA	BILITY CON	APANY	

Pursuant to the provisi liability company submit agent, or both, in the Sta	ons of sections 608. In the following state ate of Florida.	t16 or 608.508, Flori ment in order to cham	da Statutes, the unde tge its registered offic	rsigned limited se or registered
1. The name of the limit	ted liability company	is: Tochnisource, LLC		
2. The mailing address	of the limited liability	company is : 12140 W	foodcrest Executive Dr., *	300
St. Louis Missouri 63141				•
October 25, 1999		L9900	0007185	
3. Date of filing/registra	tion in Florida	4. Do	oument number	
5. The name of the regis Florida Department of	tered agent and the re f State:	gistered office address	as shown on the reco	rds of the
	Comprehen Service C	OULD SALA		co. ~
		Name		<u> </u>
	1201 Hays Street			
		Address		F = 1
	Tallahassee, FL 3230	1-2525 .		美年上下
	Ç	ry, State and Zip		FILED R
6. The name and address	of the new registeres	i agent and/or office:		元章 元章 2
	C T Corporation System	nt.		6 × 0
		Name		26 o
	1200 South Pine Island			声表
		ess (P.O. Box NOT at	cceptable)	•
•			•	
	Piantation	FL 33324		
	City	, State and Zip		
If the limited liability co- confirmed that after the and the business office of liability company, it is he the members of the limit the operating agreement	change or changes are if the registered agent ereby confirmed that ed liability company of the limited liability	made, the Florida sire will be identical. Or, the change(s) was/wen or as otherwise providing company.	est address of the regis	stered office
(Signature of a member or author	street representative of a spe	(i) det)		
(Printed or typed name of signs	KALBFLEL	<u>(#</u>		
I hereby accept the application of the comply with the provision and I am familiar with a Chapter 508, F.S. Or if address, I hereby confirm for the confirmation from (Signature of the interes Applications of the interest app	ointment as registered ins of all statutes rela ind accept the obligate this document is being in that the limited liab	i agent and agree to a tive to the proper and lons of my position as i ig filed to merely reflect titly company has been	et in this capacity. I fi complete performance registered agent as pe ct a change in the regi n notified in writing of	wther agree to i of my dudes, ovided for in istered office f this change.
Ench. 1				

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

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