M010000011425

(Re	questor's Name)				
(Ad	dress)				
(Ad	dress)				
(Cit	ry/State/Zip/Phon	e #)			
PICK-UP	☐ WAIT	MAIL			
(Bu	siness Entity Na	me)			
(Document Number)					
Certified Copies	_ Certificate	s of Status			
Special Instructions to	Filing Officer:				
<u></u>					





200262247152

08/07/14--01021--009 **25.00





CSC - WILMINGTON
Suite 400
2711 Centerville Road
Wilmington De 19808
800-927-9800
302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Lindsey Lockard llockar2@cscinfo.com

Date: August 5, 2014

Order#: 232565-129

Re: PRESIDIO TECHNOLOGY CAPITAL, LLC

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$25.00.

Please take the following action:

XX File in your office on a routine basis.

XX __ Issue Proof of Filing.

XX Please return evidence to the following:

Attn: Lindsey Lockard

c/o Corporation Service Company 2711 Centerville Road, Suite 400

Wilmington, DE 19808

XX Return envelope is also enclosed for your convenience.

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

OUCA.XCOA

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.

2. (a)	2 SUN COURT		(b)			
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
	NORCROSS	G/ 30092				
	06/25/2001		M01	000001429		
١.	Date of filing/registration	on in Florida	4.	Document number		
i. (a	C T CORPORATION SYSTE	М				
. (a	Registered Agent and Registered Office		of the Florida Dept. o	of State:		
	1200 SOUTH PINE ISLAND R	O 4 D				
		Registered Office Address (MUST BE FLORIDA STREET ADDRESS)				
	negative office names and					
	PLANTATION		FL_ 33324		TAL SE	
					FILI 14 AUG -7 SECRETAR) ALLAHASSI	
(b)	Corporation Service Company Enter name of NEW Registered Agent and/or NEW Registered Office address:			AND I		
	Enter name of NEW Registered Agent	and/or NEW Register	red Office address:		T RY	
	4004 1				PHI2:	
	1201 Hays Street NEW Registered Office Address:				21. 21.	
	NEW Registered Office Address.				IZ: 11 STATE LORIDA	
	Tallahassee		FI 32301			
	Tananassec	· · · · · · · · · · · · · · · · · · ·	rL_32301			
he ch igent was/v	limited liability company is not or lange or changes are made, the Flo will be identical. Or, in the case of vere authorized by an affirmative verticles of organization or the operat	rida street address of a Florida limited rote of the member	of the registered liability compan s of the limited li	office and the business of y, it is hereby confirmed ability company or as oth	ffice of the registered that the change(s)	
		re.	Dona Prie	be, Authorized Person		
Sign	arsie of member of authorized represent	ative of a member		Printed or typed name	of signee	
I her provi.	eby accept the appointment as regisions of all statutes relative to the poligations of my position as registerely reflect a change in the registe	istered agent and a proper and comple red agent as provi	ngree to act in thi He performance o ded for in Chapte	s capacity. I further agre of my duties, and I am fan er 605, F.S. Or, if this do	e to comply with the uiliar with and accept cument is being filed	

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