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· (Re	questor ⁱ s Name)	1		
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JUN 2.4 2009 EXAMINER



FLORIDA DEPARTMENT OF STATE Division of Corporations

June 11, 2009

MICHELE TULLY 9145 ELLIS RD MELBOURNE, FL 32904

SUBJECT: ASCENT MEDIA SYSTEMS AND TECHNOLOGY SERVICES, LLC

Ref. Number: M01000001704

We have received your document for ASCENT MEDIA SYSTEMS AND TECHNOLOGY SERVICES, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please (850) 245-6020.

Tammi Cline Regulatory Specialist II

Letter Number: 509A00019726



June 16, 2009

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

Subject: Ascent Media Systems and Technology Services, LLC

Ref Number: M01000001704

In response to your letter returning filing documents, enclosed are the correct forms and a check for \$80.00 to be combined with the \$35.00 check (#37119) we sent you previously for the filing fees and documentation indicated on the forms.

Regards,

Michele Tully Vice President of Administration National Service Source, Inc 321-723-5395 x135



COVER LETTER

Division of C	orporations				
SUBJECT:			& Technology Services, LI Liability Company	LC	
Dear Sir or Madam:					
The enclosed Registe	ered Agent/Registered	Office (Change and fee(s) are submitted for	r filing.	
Please return all corre	espondence concerning	g this m	atter to the following:		
	Michele Tully				
	Name of Person			2009 J	HERE
Nation	al Service Source, In Firm/Company	IC.		2009 JUN 23 PM '3: 23 SECRETARY OF STATE TALLAHASSEE FLORIDA	T
	9145 Ellis Rd			14.3 S.43	Ę
	Address			FATE ORIDA	•
	elbourne, FL 32904				
Ci	ty/State and Zip Code				
E-mail address: (to be	hele.tully@ussi.org	notification	on)		
For further informati	on concerning this mat	ter, plea	ase call:		
	ele Tully	at (321) 723-5395 x13 Area Code & Daytime Telephone N	35	
				umber	
STREET/CO Registration Se	URIER ADDRESS:		MAILING ADDRESS: Registration Section		
Division of Co			Division of Corporations		
Clifton Buildin			P.O. Box 6327		
	e Center Circle		Tallahassee, Florida 32314		
Enclosed is a	check for the followi	ing amo	ount:		
\$25 Filing	Fee		\$55 Filing Fee & Certified Co	эру	

TO: Registration Section

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. Name of the limited liability company:Ascent	t Media Systems & Technology Services, L	<u>LC</u>
2. (a) Principal office address of limited liability comp	npany: 9145 Ellis Rd	
- [✓]— (<u>Note: MUST BE STREET ADDRESS</u>)	Melhourne, FL 32904	
(b) Mailing address of limited liability company:	9145 Ellis Rd	
(Note: MAY BE POST OFFICE BOX)	Melbourne, FL 32904	
07/27/2001	M01000001704 ~	
3. Date of filing/registration in Florida	4. Document number	24.76
5. (a) Registered Agent and Registered Office shown	n on the records of the Florida Dept of States	
Registered Agent:	CORPORATION SERVICE COMPAN	4X_£
Registered Office Address:	1201 HAYS STREET	%
	TALLAHASSEE FL 32301-255 US	
(b) Enter name of NEW Registered Agent and/or	NEW Registered Office address:	
NEW Registered Agent:	David S. Christiano	
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	9145 Ellis Rd	
(MUSI BE FLURIDA SI REET ADDRESS)	Melbourne ,FL32904	
If the limited liability company is not organized under confirmed that after the change or changes are made, the and the business office of the registered agent will be inability company, it is hereby confirmed that the change of the members of the limited liability company or as or the operating agreement of the limited liability company. Signature of a member or authorized representative of amember Michele Tully, VP of Administration Printed or yped name of signate.	the Florida street address of the registered office identical. Or, in the case of a Florida limited age(s) was/were authorized by an affirmative vo	ote
Hiereby accept the appointment as registered agent a comply with the provisions of all statutes relative to the and I am familian with and accept the obligations of m Chapter 608, FIS Or, if this document is being filed to address, I hereby confirm that the limited liability composition of Registered Agent	ind agree to act in this capacity. I further agre ne proper and complete performance of my duti ny position as registered agent as provided for i o merely reflect a change in the registered offic npany has been notified in writing of this chang	e to es, in ze je.

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