

M01 000000 2331

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

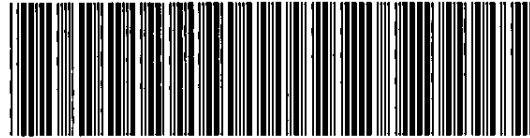
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. BRYAN

OCT -5 2011

EXAMINER



NRAI CORPORATE SERVICES

An NRAI Solutions Company

FILING REQUEST

September 29, 2011

FLORIDA DEPARTMENT OF STATE

| | |
|-------------------------|--|
| Type of Filing: | CHANGE OF AGENT |
| Subject(s): | ESQUIRE SOLUTIONS, LLC |
| Form(s) Enclosed: | STATEMENT OF CHANGE OF REGISTERED OFFICE / AGENT |
| Supporting Document(s): | NONE |
| Check Enclosed: | YES - CHECK# 37873 FOR \$25.00 |
| Return Via: | REGULAR MAIL - SASE ATTACHED |
| Filing Method: | ASAP |

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PLEASE RETURN TO: NRAI CORPORATE SERVICES
590 PARK STREET, SUITE 6
ST. PAUL, MN 55103

Please call me at 1-800-227-1256 if there are any questions.

Thank you!

Melissa Hobbs

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: Esquire Solutions, LLC

2. (a) Principal office address of limited liability company: 101 Marietta Street

(Note: MUST BE STREET ADDRESS)

Suite 2700
Atlanta, GA 30303

(b) Mailing address of limited liability company:

4 Penn Center

(Note: MAY BE POST OFFICE BOX)

Suite 1250
Philadelphia, PA 19103

10/17/2001

3. Date of filing/registration in Florida

M01000002331

4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Agent:

CT Corporation System

Registered Office Address:

1200 South Pine Island Road
Plantation, FL 33324

(b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

NEW Registered Agent:

NRAI Services, Inc.

NEW Registered Office Address:

515 East Park Avenue

(MUST BE FLORIDA STREET ADDRESS)

Tallahassee, FL 32301

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Sue Johnson
Signature of a member or authorized representative of a member

Sue Johnson, Manager

Printed or typed name of signer

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.

by:

NRAI Services, Inc.
Signature of Registered Agent

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

FILING FEE: \$25.00