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PALLAHASSET RISAND

DEPARTHENT OF STATE

T. CLINE

NOV 14 2012

EXAMINER



CORPORATION SERVICE COMPANY

ACCOUNT NO. : I2000000195

REFERENCE: 418047 7505432

AUTHORIZATION

COST LIMIT

ORDER DATE: November 9, 2012

ORDER TIME : 3:45 PM

ORDER NO. : 418047-008

CUSTOMER NO: 7505432

CHANGE OF AGENT

NAME: MAVERICK TECHNOLOGIES, LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Stephanie Milnes

EXAMINER'S INITIALS:

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: MAVERICK	TECHNOLOGIES, LLC		
2. (a) Principal office address of limited liability compan (<i>Note: MUST BE STREET ADDRESS</i>)	Suite 301 Pensacola, FL 32503		
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	PO Box 470 Columbia, IL 62236		
12/06/2001	M01000002738		
3. Date of filing/registration in Florida	4. Document number	F (3) 200	
5. (a) Registered Agent and Registered Office shown on	the records of the Florida D		, 100 100 100 100 100 100 100 100 100 100
Registered Agent:	C T Corporation System	<u> </u>	- 24-4
Registered Office Address:	1200 South Pine Island F Plantation, FL 33324 US		
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Agent</u> :	EW Registered Office addr Corporation Service Com	 _	
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	1201 Hays Street		
	Tallahassee	,FL 32301	
If the limited liability company is not organized under the that after the change or changes are made, the Florida stre office of the registered agent will be identical. Or, in the chereby confirmed that the change(s) was/were authorized liability company or as otherwise provided in the articles dimited liability company. (Signature of a member or authorized representative of a member)	et address of the registered of a Florida limited liable by an affirmative vote of the	office and the business bility company, it is e members of the limited	
Maureen Cathell, Authorized Person (Printed or typed name of signee)			
I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the partial familiar with and accept the obligations of my position	agree to act in this capacity roper and complete perform n as registered agent as pro	. I further agree to ance of my duties, and I yided for in Chapter 608	I 8,

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 Age (VCorporation Service Company Sylvia Queppet, Asst. Vice President Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00