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J. BRYAN

APR 16 2008

**EXAMINER** 

## **COVER LETTER**

TO: Registration Section Division of Corporations		
SUBJECT: STRATUS TECHNOLOGY: (Name of L	SERVICES, LLC Limited Liability Company)	
Dear Sir or Madam:		
The enclosed Registered Agent/Registered O	Office Change and fee(s) are submitted for filing.	
Please return all correspondence concerning to	g this matter to the following:	
Diane Amatucci, Legal Assistant		
(Name of Person)		<b>o</b> 🖫
	•	OB APR 15
Stratus Technology Services, LLC		吊器
(Firm/Company)		-5 FARY
		<b>2</b> 28 9
149 Avenue at the Common, Suite 4		OR A
(Address)		PH 1:54
		*
Shrewsbury, NJ 07702		
(City/State and Zip Code)		
For further information concerning this matter	tter, please call:	
Diane Amatucci	at (732 ) 866-0300 x 4106	
(Name of Person)	(Area Code & Daytime Telephone	Number)
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314	
Enclosed is a check for the followin	ing amount:	
\$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy	

## 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. The name of the limit	ed liability company is: Stratus Technology Services, LLC		
2. The mailing address of	of the limited liability company is: 149 Avenue at the Common, Sci	ulte 4, Shrewsbury, N	J <u>0</u> 7702
09/29/04	M04000004246		_
3. Date of filing/registra	tion in Florida 4. Document number	<del>-</del>	
5. The name of the regist Florida Department of	tered agent and the registered office address as shown on the State:	records of the	
•	Mr. Joseph J. Raymond, Jr.		
	Name		
	1964 Howell Branch Road, Suite 202		•••
•	Address		<b>©</b>
	Winter Park, FL 32792	8	SIVIO
	City, State and Zip	APP R	SSC
6. The name and address	of the new registered agent and/or office:	Ř I S	NE SE
	Mr. Declan Link, Stratus Technology Services, LLC		COR
	Name	至	광유
	1964 Howell Branch Road, Suite 204	·	SS
	Florida street address (P.O. Box NOT acceptable)	PH 1: 54	ORPORATIONS
	Winter Park, FL 32792		Ų,
	City, State and Zip		
and the business office of liability company, it is be of the members of the li or the operating agreement.	mpany is not organized under the laws of the State of Florida change or changes are made, the Florida street address of the f the registered agent will be identical. Or, in the case of a Fereby confirmed that the change(s) was/were authorized by a mited liability company or as otherwise provided in the article of the limited liability company.	registered office lorida limited n affirmative vote	; n
Jamie Raymond, Pres. (Printed or typed name of signer	<del>/</del>		
and I am familiar with a Chapter 608, F.S. Or, if address, I hereby confirm	pintment as registered agent and agree to act in this capacity ins of all statutes relative to the proper and complete perform of accept the obligations of my position as registered agent of this document is being filed to merely reflect a change in the natural the liquited liability company has been notified in writing	n. I further agree vance of my duties is provided for in registered office ing of this change.	to i,
(Signature of Registered Agent)			
Divisi	on of Corporations, P.O. Box 6327, Tallahassee, FL 3231 FILING FEE: \$25.00	.4	

INHS18 (8/05)