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EXAMINER

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ACCOUNT NO. : 072100000032 REFERENCE AUTHORIZATION COST LIMIT ORDER DATE: December 2, 2008 ORDER TIME : 10:12 AM ORDER NO. : 810798-004 CUSTOMER NO: 7678147 CHANGE OF AGENT ENGINEERED DATA PRODUCTS NAME: HOLDINGS, LLC PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: CERTIFIED COPY PLAIN STAMPED COPY

EXAMINER'S INITIALS:

CONTACT PERSON: Matthew Young

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: ENGINE	ERED DATA PRODUCTS HOLDINGS, LLC
2. (a) Principal office address of limited liability comp (Note: MUST BE STREET ADDRESS)	pany: 1250 W. 124th Ave. Westminster, CO 80234
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	1250 W. 124th Ave. Westminster, CO 80234
03/10/2005	M05000001299
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office shown	on the records of the Florida Dept. of State:
Registered Agent:	NRAI Services, Inc.
Registered Office Address:	2731 Executive Park Drive, Suite 4 Weston, FL 33331
(b) Enter name of NEW Registered Agent and/or	NEW Registered Office address:
NEW Registered Agent:	Corporation Service Company
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	1201 Hays Street
	Tallahassee ,FL 32301
If the limited liability company is not organized under that after the change or changes are made, the Florida's office of the registered agent will be identical. Or, in thereby confirmed that the change(s) was/were authoriz liability company or as otherwise provided in the articl limited liability company. (Signature of a member or authorized representative of a member)	the laws of the State of Florida, it is hereby confirmed street address of the registered office and the business he case of a Florida limited liability company, it is sed by an affirmative vote of the members of the limited es of organization or the operating agreement of the
Maureen Cullen, Authorized Person (Printed or typed name of signee)	<u>. </u>
	nd agree to act in this capacity. I further agree to e proper and complete performance of my duties, and I tion as registered agent as provided for in Chapter 608, et a change in the registered office address, I hereby ified in writing of this change.

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