## 110500003937

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**BRYAN** 

JUN - 5 2012

**EXAMINER** 



CORPORATION SERVICE COMPANY ACCOUNT NO. : I2000000195

REFERENCE :

AUTHORIZATION :

COST LIMIT

ORDER DATE : May 24, 2012

ORDER TIME : 9:48 AM

ORDER NO. : 217824-006

CUSTOMER NO: 7885899

## CHANGE OF AGENT

NAME: EVOLV SOLUTIONS, L.L.C.

PLEASE	RETURN	THE	FOLLOWING	AS	PROOF	OF	FILING:

\_ CERTIFIED COPY XX PLAIN STAMPED COPY

CONTACT PERSON: Becky Peirce

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: <u>EVOLV SO</u>	LUTIONS, L.L.C.			
2. (a) Principal office address of limited liability compa (Note: MUST BE STREET ADDRESS)	ny: 9401 Indian Creck Parkway Bldg 40, Suite 250 Overland, KS 66210			
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)				
07/11/2005	M05000003937 4. Document number			
3. Date of filing/registration in Florida	4. Document number			
5. (a) Registered Agent and Registered Office shown o	n the records of the Florida Dept. of State			
Registered Agent:	Incorp Services, Inc.			
Registered Office Address:	17888 67th Court North Loxahatchee FL 33470			
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Agent</u> :	W Registered Office address:  Corporation Service Company			
NEW Registered Agent:				
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	Tallahassee ,FL 32301			
If the limited liability company is not organized under the that after the change or changes are made, the Florida str office of the registered agent will be identical. Or, in the hereby confirmed that the change(s) was/were authorized liability company or as otherwise provided in the articles limited liability company.  (Signalure of a member or authorized representative of a member)	reet address of the registered office and the business case of a Florida limited liability company, it is			
Maureen Cathell, Authorized Person (Printed or typed name of signee)	<del></del>			
I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the pam familiar with and accept the obligations of my positions. Or, if this document is being filed to merely reflect confirm that the limited liability company has been notification.	l agree to act in this capacity. I further agree to proper and complete performance of my duties, and I			

(Signature of Releastered Aleast) Sylvia Queppet, Asst. VP

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

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