M05000004291

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(Address)					
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B. KOHR

AUG - 5 2008

EXAMINER

OR AUG -5 PM 1: 05
JALLAHASSEF EL CARE



ACCOUNT NO. : 072100000032

REFERENCE : 65

7660418

AUTHORIZATION

COST LIMIT :

ORDER DATE: July 17, 2008

ORDER TIME : 9:09 AM

ORDER NO. : 652589-035

CUSTOMER NO: 7660418

CHANGE OF AGENT

NAME: CAVANAUGH MACDONALD

CONSULTING, LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_ CERTIFIED COPY XX PLAIN STAMPED COPY

CONTACT PERSON: Doreen Wallace

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. The name of the limite	ed liability company	is: <u>CAVANA</u>	UGH MACDONALD	CONSULTING, LLC	
2. The mailing address o	f the limited liability	company is:			
3550 Busbee Parkway, Suite	250, Kennesaw, GA 301-	44			
08/02/2005			M05000004291		
3. Date of filing/registration in Florida			4. Document nu	mber	
5. The name of the register Florida Department of		gistered office	e address as shown	on the records of the	
	CT	Corporation Sys	stem	_	
		Name			
1200 South Pine Island Road					
Address					
Plantation, FL 33324 City, State and Zip					
		•	•	The state of the	
6. The name and address of	of the new registered	agent and/or	office:	SEC 2	
	Согрога	tion Service Cor	mpany	20:	
Name SE S					
	12	01 Hays Street			
Florida street address (P.O. Box NOT acceptable)					
	Tallahassee	FL	32301		
		State and Zip			
TAN 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		•			
If the limited liability com confirmed that after the ch and the business office of liability company, it is her of the members of the lim or the operating agreement	ange or changes are the registered agent v eby confirmed that tl	made, the Flo will be idention he change(s) v	orida street address cal. Or, in the case was/were authorize	of the registered office of a Florida limited d by an affirmative vote	
1111	1	.			
Signature of a member of authoriz	ed représentative of a mem	iber) 1			
(Printed or typed name of signee)	Macdora	10	•		
I hereby accept the appoir comply with the provisions and I am familiar with and Chapter 608, F.S. Or, if the address, I hereby confirm the confirmation and confirm	Rlann	10 X	ree to act in this ca er and complete pe tion as registered a ly reflect a change ias been notified in	pacity. I further agree to informance of my duties, igent as provided for in in the registered office writing of this change.	
, 5 M	fichelle R. Vannoy, Asst.	. YF/)			

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