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M. THOMAS

JUL 28 2009

EXAMINER



ACCOUNT NO. : I2000000195

REFERENCE: 069521 4713251

AUTHORIZATION

COST LIMIT

ORDER DATE : July 28, 2009

ORDER TIME : 9:36 AM

ORDER NO. : 069521-010

CUSTOMER NO: 4713251

CHANGE OF AGENT

NAME: POTOMAC SERVICE LINK, LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_ CERTIFIED COPY XX PLAIN STAMPED COPY

CONTACT PERSON: Carina L. Dunlap

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: \underline{P}	otomac Service Link, LLC
2. (a) Principal office address of limited liab (Note: MUST BE STREET ADDRE	
(b) Mailing address of limited liability cor (Note: MAY BE POST OFFICE BO	
09/08/2005	M05000004977
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Offic	ce shown on the records of the Florida Dept. of State:
Registered Agent:	HIQ Corporate Services, Inc.
Registered Office Address:	1574 Village Square Blvd. Fr. Suite 100 Tallahassee, FL 32309
(b) Enter name of <u>NEW Registered Agen</u>	m≺ n
NEW Registered Agent:	t and/or NEW Registered Office address:
NEW Registered Office Address: (MUST BE FLORIDA STREET ADD	Tallahassee,FL 32301
that after the change or changes are made, the office of the registered agent will be identical. hereby confirmed that the change(s) was/were liability company or as otherwise provided in the limited liability company. Signature of a member or authorized representative of a member of a member of signee. I hereby accept the appointment as registered comply with the provisions of all statutes relation familiar with and accept the obligations of F.S. Or, if this document is being filed to mere confirm that the limited liability company has corporation. Service Company	agent and agree to act in this capacity. I further agree to ive to the proper and complete performance of my duties, and I my position as registered agent as provided for in Chapter 608, ely reflect a change in the registered office address, I hereby been notified in writing of this change.
(Signature of Registered Agent) Pamela Simpson.	Asst. V.P.

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

INHS18 (05/08)