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Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA0000000023 Phone : (850)222-1092

Fax Number : (850)878-5368

2009 APR --6

REGISTERED AGENT CHANGE

PEGASUS CONNECTION ASSOCIATES, LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$35,08

Electronic Filing Menu

Corporate Filing MG. MCLEO

APR - 7 2009

https://efile.sunbiz.org/scripts/efilcovr.exe

EXAMINER

4/6/2009

01/05

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.company submits the fallowing statement in order to chin the State of Florida.	508, Florida Statutes, the undersigned limite Lange its registered office or registered agen	ed liability it, or both,
1. Name of the limited hability company: Pegasus Con	nection Associates. LLC	👨
 (a) Principal office address of limited liability comparting (Note: MUST BE STREET ADDRESS) 	anv. 10 Campus Blvd.	
	Newtown Square, PA 19073	G
(b) Mailing address of limited liability company: (Note: MAY BE POST OF PICE BOX)		=
10/17/2005	105000005824	
3. Date of filing/registration in Florida	4. Document number	
5. (a) Registered Agent and Registered Office shown of	on the records of the Florida Dept. of State:	
Registered Agent:	Capitol Corporate Services, Inc.	60.
Registered Office Address:	155 Office Plaza Drive	VISION I 109 APR
	Tallahassa, FL 32301	_ 50
		 7 9
(b) Enter name of <u>NEW Registered Agent</u> and/or N	EW Registered Office address:	ض
NEW Registered Agent:	CT Corporation System	_ 🖺
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	1200 South Pine Island Road	— <u> </u>
(Maddi the addition product vision of	Plantation FL 33324	<u> </u>
If the limited liability company is not organized under that after the change or changes are made, the Florida st office of the registered agent will be identical. Or, in the hereby confirmed that the change(a) was/were authorized liability company or as otherwise provided in the article limited liability company. (Signature of a member or authorized representative of a member) Inyna Nickell, Asst. Soc. of Managing Member Tentored or typed name of signer)	reet address of the registered office and the becase of a Florida limited liability company, and by an affirmative vote of the members of the of organization or the operating agreement	usiness it is the limited of the
I hereby accept the appointment as registered agent an comply with the provisions of all statutes relative to the am familiar with and accept the obligations of my posts. F.S. Or, if this document is being filed to merely reflect confirm that the limited liability company has been not By: By: (Signature of Registered Agent)	proper and complete performation of my deficion as registered agent as provided for in Ch to change in the registered office address, I l fied in writing of this change.	ee to ies. and I apter 608, hereny
E.A. Wallace Division of Corporations, P.O. I Assistant Secretary Filling F	Box 6327, Talinhassee, FL 32314 TEE: \$25.00	

70/70 Jb

1NHS18 (05/08) FLD13 - 12/27/2008 C T Syness, Online