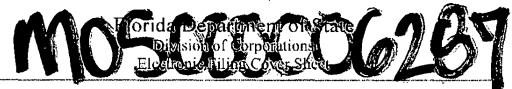
3/21/2017

Division of Corporations



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(((H170000782173)))



H170000782179ABC0

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023

: (614)280-3338

Fax Number

: (954)208-0845

**Enter the email address for this business entity to be used annual report mailings. Enter only one email address plag

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LLC REGISTERED AGENT CHANGE ESI ERGONOMIC SOLUTIONS, LLC

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Help

D. SCOTT MAR 2 2 2017

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: ESI ERGONOMIC SOLUTIONS, LLC		
	Limited Liability Company	
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Office C	hange and fee(s) are submitted for filing	
Please return all correspondence concerning this ma		
Laura Puizer		
Name of Person		
ESI ERGONOMIC SOLUTIONS, LLC		
Firm/Company		
4030 E QUENTON DR #101		
Address		TASE OF THE SECOND SECO
MESA, AZ 85215		三三 第二
City/State and Zip Code	and the state of t	21 SSER
		M 8: 25 E STATE E, FLORIDA
E-mail address: (to be used for future annual r	report notification)	8: 2! ONTE
For further information concerning this matter, plea		35-117 OI
Name of Person	Area Code & Daytime Telephon	e Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314	
Enclosed is a check for the following amo	ount:	
□ \$25 Filing Fee	□ \$55 Filing Fee & Certified Copy	
INIUS18 (2/14)	•	

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, 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.

. Na		MIC SOLUTIONS, LL	C
. (a)	no change	(b)	ge
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	11/14/2005	М0500000	
•	Date of filing/registration in Florida	4,	Document number
. (a)			
	Registered Agent and Registered Office shown on the records Registered Office Address (MUST BE FLORIDA STREET		
	17808 MISSION OAK DRIVE		_
	LITHIA	FL 33547 - (
		•	TASE TO
(b)	Enter name of NEW Registered Agent and/or NEW Registe		CRET A T
	Enter name of NEW Registered Agent and/or NEW Registe	red Office address:	
	C T Corporation System		SEE, F
	NEW Registered Office Address:		ELOGA 8
	1200 South Pinc Island Road		_ 꼴러 2
			5.0
	Plantation	FL_33324	_
he cha gent v		of the registered offi I liability company, it rs of the limited liabil	Florida, it is hereby confirmed that ce and the business office of the re is hereby confirmed that the changity company or as otherwise provide
Signal	ture of a member or authorized representative of a member	Denise Dell	Printed or typed name of signee
l herei provisi he obl o merc otified CT Co	by accept the appointment as registered agent and inns of all statutes relative to the proper and complications of my position as registered agent as provely reflect a change in the registered office address d in writing of this change. Orporation System The of Registered Agent	ete performance of m ided for in Chapter 6 , I hereby confirm tha	macity. I further agree to comply with

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