Florida Department of State

Division of Corporations Public Access System

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To

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023

: (850)222-1092 Phone

Fax Number : (850)878-5926

REGISTERED AGENT CHANGE

NATIONAL DATA RETRIEVAL LLC

Certificate of Status	0	
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Electronic Filing Menu

Help

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.

		• • • • • • • • • • • • • • • • • • • •				
ı.	Nai	me of the limited liability company:	National Data Re	trieval LLC		
		Principal office address of limited liability company (Note: MUST BE STREET ADDRESS)		y: 1000 Alderman Drive		5
				Drop 71-N Alpharetta, GA 30005		0
			Alpharetta, GA 30005		73	
	(Ъ)	Mailing address of limited liability (Note: MAY BE POST OFFICE	company; <i>BOX</i>)			
		·		, , , , , , , , , , , , , , , , , , ,		
	December 7, 2005			M05000006742		
3.	Dat	to of filing/registration in Florida		4. Document number		
5.	(a)	Registered Agent and Registered C	Office shown on	the records of the Florid	la Dept. of State:	
		Registered Agent:		Corporation Service Comp	pany	
		Registered Office Address:		1201 Hays Street	······································	
			•	Tallahassee, FL 32301		(
						•
	(b)	Enter name of <u>NEW Registered A</u>	gent and/or <u>NE</u>	W Registered Office at	<u>ldress</u> :	
		NEW Registered Agent:		C T Corporation System		
NEW Registered Office Address: (MUST BE FLORIDA STREET AL		annweesi	1200 South Pine Island R			
		MCSI DE LEGICIA STREET	DDICESS)	Plantation	□,FL 33324	
that offi her liat lim	t aftice (eby	imited liability company is not orgater the change or changes are made, of the registered agent will be identification to confirmed that the change(s) was/wy company or as otherwise provided liability company.	the Florida street cal. Or, in the covere authorized lin the articles of	et address of the register	ed office and the busines liability company, it is	S
Rer (Pri	ee . nted	. Simonton or typed name of signeo)		- .		
am F.S con By:	jan firn ≰	by accept the appointment as registed with the provisions of all statutes relitar with and accept the obligation or, if this document is being filed to the that the limited liability company to that the limited for paration system of Registard Agent)	nerely reflect a	change in the revistered	d office address, Thereby	d I 508,
		Division of Corpora	tions, P.O. Box FILING FEE	: 6327, Tallahassee, FL :: \$25.00	SSE -	
INH	(S18	(05/08)			6 7	
LOIS -	05/27/	2018 C T System Online			STA.	j

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