

M06000004731

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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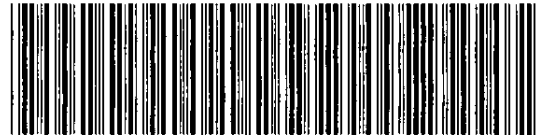
(Business Entity Name)

(Document Number)

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DEPT. OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

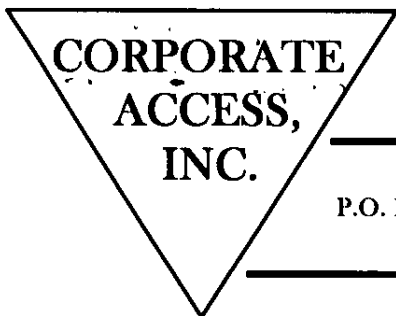
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B. KOHR

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EXAMINER



When you need ACCESS to the world

236 East 6th Avenue . Tallahassee, Florida 32303  
P.O. Box 37066 (32315-7066) (850) 222-2666 or (800) 969-1666 . Fax (850) 222-1666

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## WALK IN

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11/10 Emily

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Change of RA

1. Midpoint, LLC  
(CORPORATE NAME AND DOCUMENT #)

2. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

3. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

4. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

5. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

6. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

SPECIAL INSTRUCTIONS:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

November 10, 2009

CORPORATE ACCESS

TALLAHASSEE, FL

SUBJECT: MIDPOINT, LLC  
Ref. Number: M06000004731

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
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We have received your document for MIDPOINT, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please note that we have RETAINED your \$25.00 payment.

The R.A. must please sign the R.A. acceptance statement.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6914.

Buck Kohr  
Regulatory Specialist II

Letter Number: 009A00035309

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: MIDPOINT, LLC

2. (a) Principal office address of limited liability company: \_\_\_\_\_

☐

(Note: MUST BE STREET ADDRESS)

(b) Mailing address of limited liability company: \_\_\_\_\_

☐

(Note: MAY BE POST OFFICE BOX)

08/25/2006

3. Date of filing/registration in Florida

M06000004731

4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Agent: PARACORP INCORPORATED

Registered Office Address: 236 EAST 6TH AVENUE

TALLAHASSEE FL 32303 US

Registered Agent Resigned: 11/02/2009

(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:

NEW Registered Agent: PARACORP INCORPORATED

NEW Registered Office Address: 236 EAST 6TH AVENUE

(MUST BE FLORIDA STREET ADDRESS)

TALLAHASSEE, FL 32303

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Sunil Arora

Signature of a member or authorized representative of a member  
Sunil Arora

Printed or typed name of signer

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

NINA HO  
Signature of Registered Agent

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

INHS18 (05/08)

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