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D. BRUCE

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EXAMINER



FILING REQUEST

October 21, 2011

FLORIDA SECRETARY OF STATE

Type of Filing: CHANGE OF AGENT

Subject(s): SHARED TECHNOLOGIES MANAGED SERVICES, LLC

Form(s) Enclosed: STATEMENT OF CHANGE OF REGISTERED OFFICE / AGENT

Supporting Document(s): NONE

Check Enclosed: YES - CHECK # 38067 FOR \$25.00

Return Via: REGULAR MAIL - SASE ATTACHED

Filing Method: ASAP

PLEASE RETURN TO:

NRAI CORPORATE SERVICES
590 PARK STREET, SUITE 6

ST. PAUL, MN 55103

Please call me at **1-800-227-1256** if there are any questions. Thank <u>you!</u>

Melissa Hobbs

TATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR SGT 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: Shared Te	chnologies Managed Services, LLC		
2. (a) Principal office address of limited liability compan	y:		
(Note: MUST BE STREET ADDRESS)	2425 Gateway Dr. Irving, TX 75063		
(b) Mailing address of limited liability company:			
(Note: MAY BE POST OFFICE BOX)	2425 Gateway Dr. Irving, TX 75063		
11/27/2006	M06000006521		
3. Date of filing/registration in Florida	4. Document number		
5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:			
Registered Agent:	Corporation Service Company		
Registered Office Address:	1201 Hays Street Tallahassee, FL 32301		
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NE</u>	₩ Registered Office address		
<u>NEW</u> Registered Agent:	NRAI Services, Inc.		
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	515 East Park Avenue		
	Tallahassee ,FL32301		
If the limited liability company is not organized under the confirmed that after the change or changes are made, the F and the business office of the registered agent will be identiability company, it is hereby confirmed that the change(s of the members of the limited liability company or as other or the operating agreement of the limited liability company. Signature of a member or authorized representative of a member	lorida street address of the registered office tical. Or, in the case of a Florida limited was/were authorized by an affirmative vote		
Glenn Means, Manager Printed or typed name of signee	_		
I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the prand I am familiar with and accept the obligations of my po Chapter 608, F.S. Or, if this document is being filed to me address, I hereby confirm that the-limited liability compan	igree to act in this capacity. I further agree to oper and complete performance of my duties, sition as registered agent as provided for in rely reflect a change in the registered office by has been notified in writing of this change.		

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

NRAI Services, Inc.
Signature of Registered Agent