

M07000002980

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

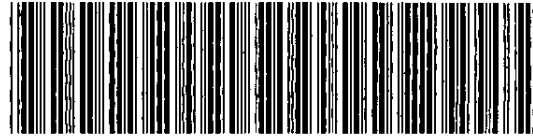
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FILED
2008 JUN 24 AM 11:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. CLINE

JUN 25 2008

EXAMINER

June 16, 2008

VIA US REGULAR MAIL

Florida Department of State
Division of Corporations
Corporate Filings
P.O. Box 6327
Tallahassee, FL 32314

Re: **Mosaic Sales Solutions US Operating Co., LLC**

Dear Sir or Madam:

On behalf of the above-referenced entity, enclosed please find the following for filing with the Florida Secretary of State:

- 1 One original (1) and one (1) copy of Change of Registered Agent/Address form;
- 2 \$25.00 to cover the required filing fee.

Please file immediately the enclosed, and return a file-stamped copy to the undersigned.

If you have any questions regarding this filing, feel free to contact the undersigned directly at (512) 480-9131.

Respectfully,

REGISTERED AGENT SOLUTIONS, INC.



Thanya Gonzalez

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MOSAIC SALES SOLUTION US OPERATING CO., LLC
(Name of Limited Liability Company)

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

THANYA GONZALEZ

(Name of Person)

REGISTERED AGENT SOLUTIONS, INC.

(Firm/Company)

515 CONGRESS AVE, SUITE 2300

(Address)

AUSTIN TX 78701

(City/State and Zip Code)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

THANYA GONZALEZ

(Name of Person)

at (888) 705-7274

(Area Code & Daytime Telephone 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 amount:

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

**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: MOSAIC SALES SOLUTIONS US OPERATING CO., LLC

2. (a) Principal office address of limited liability company: 6051 N. STATE HWY 161



(Note: MUST BE STREET ADDRESS)

SUITE 100

IRVING, TX 75038

(b) Mailing address of limited liability company: 6051 N. STATE HWY 161



(Note: MAY BE POST OFFICE BOX)

SUITE 100

IRVING, TX 75038

5/18/2007

3. Date of filing/registration in Florida

M07000002980

4. Document number

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

Registered Agent:

C T CORPORATION SYSTEM +

Registered Office Address:

1200 SOUTH PINE ISLAND ROAD +

PLANTATION, FL 33324 +

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

NEW Registered Agent:

REGISTERED AGENT SOLUTIONS, INC.

NEW Registered Office Address:

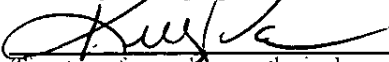
155 OFFICE PLAZA DR, SUITE A +

(MUST BE FLORIDA STREET ADDRESS)

SUITE A +

TALLAHASSEE, FL 32301 +

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.



(Signature of a member or authorized representative of a member)

KEVIN PARSONS

(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.


(Signature of Registered Agent)

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