

#MO7000006149

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

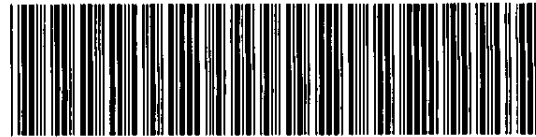
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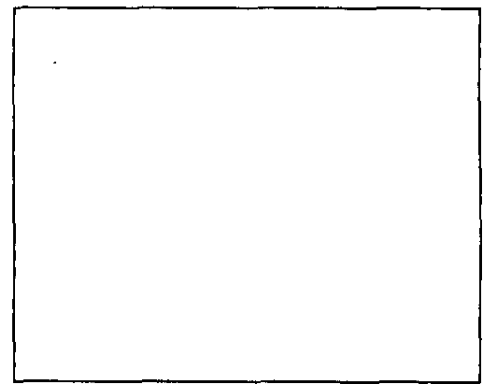
01/24/13--01001--007 **185.00

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TALLAHASSEE, FLORIDA

K. SALY
EXAMINER
JAN 24 2013

FLORIDA RESEARCH & FILING SERVICES, INC.
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TALLAHASSEE, FL 32301
PHONE (850)364-8000



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WALK-IN

ENTITY NAME:

STRATA DECISION TECHNOLOGY, L.L.C.

CK# 5981 FOR \$ 185.00 (\$25.00 for this filing)

PLEASE FILE THE ATTACHED CHANGE OF AGENT & RETURN THE
FOLLOWING:

☐ CERTIFIED COPY

XXX STAMPED COPY

☐ CERTIFICATE OF STATUS

Examiner's Initials

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: STRATA DECISION TECHNOLOGY, L.L.C.
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:

SUSAN MOSTELLER

Name of Person

GOULD & RATNER LLP

Firm/Company

222 N LASALLE ST STE 800

Address

CHICAGO IL 60601

City/State and Zip Code

compliance@gouldratner.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

EILEEN DOWNES

Name of Person

312

236-3003

at ()

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: STRATA DECISION TECHNOLOGY, L.L.C.

2. (a) Principal office address of limited liability company: 2001 SOUTH 1ST STREET SUITE 200
(Note: **MUST BE STREET ADDRESS**) CHAMPAIGN IL 61820

(b) Mailing address of limited liability company: 2001 SOUTH 1ST STREET SUITE 200
(Note: **MAY BE POST OFFICE BOX**) CHAMPAIGN IL 61820

10/11/2007

M07000006149

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: C T CORPORATION SYSTEM

Registered Office Address: 1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324 US

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

NEW Registered Agent: NRAI SERVICES, INC.

NEW Registered Office Address: 515 EAST PARK AVENUE
(**MUST BE FLORIDA STREET ADDRESS**) 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.

Don Kleinmuntz
Signature of a member or authorized representative of a member

DON KLEINMUNTZ
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.

By: NRAI Services, Inc.
Signature of Registered Agent Chia Kueh

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

INHS18 (05/08)