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	•	
(Requestor's Name)		
(Address)		
(Address)		
- (City/State/Zip/Phon	e #)	
PICK-UP WAIT	MAIL	
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates	s of Status	
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EXAMINER

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COVER LETTER

CO: Registration Section Division of Corporations		
SUBJECT: Awesp	oire Technology LLC	
(Name o	f Limited Liability Company)	
Dear Sir or Madam:		
The enclosed Registered Agent/Registered O	ffice Change and fee(s) are submitted for filing.	
Please return all correspondence concerning	this matter to the following:	
Mark D. Cohen, P.A.		
(Nume of Person)	paper	
(Firm/Company)		
4000 Hollywood Blvd., Suite 4355 (Address)		
Hollywood, FL 33021		
(City/State and Zip Corle)		
for further information concerning this matte	r, please call:	
Mark Cohen	at (954) 962-1166	
(Name of Person)	(Area Code & Daytime Telephone Number)	
STREET/COURIER ADDRESS:	MAILING ADDRESS:	
Registration Section	Registration Section	
Division of Corporations	Division of Corporations B.O. Pos. 6327	
Clifton Building	P.O. Box 6327 Tallabasean Florida 32314	
2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee, Florida 32314	
Enclosed is a check for the followin	g amount:	
☑ \$25 Filing Fee	\$55 Filing Fee & Certified Copy	
MHS18 (5/08)	71 322 Linua Lee & Centues Copy	

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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: Awespire	Technology LLC
2. (a) Principal office address of limited liability compa (Note: MUST BE STREET ADDRESS)	Dulla 4955
	Hollywood, FL 33021
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	4000 Hollywood Blvd
	Suite 4355 Hollywood FL 33021
1/16/2008	M08000000280
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:	David Aubel
Registered Office Address:	4000 Hollywood Blvd. Suite 4355
•	Hallywood, Fl. 33021
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW</u> Registered Agent:	Mark D. Cohen, P.A.
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	Same Address
	,FL
If the limited liability company is not organized under the that after the change or changes are made, the Florida at office of the registered agent will be identical. Or, in the hereby confirmed that the change(s) was/were authorize liability company or as otherwise provided in the article limited liability company. (Signature of a member or sufferized representative of a member)	reet address of the registered office and the business e case of a Florida limited liability company, it is d by an affirmative vote of the members of the limited
Dayid Aubel	
(Printed or typed name of signes)	
I hereby accept the appointment as registered agent and comply with the provisions of all stutules relative to the am familiar with inductions the obligations of my positions. Or, if this dictional is being filed to merely reflect confirm that medicine is builty company has been notifically	t agree to act in this capacity. I further agree to proper and complete performance of my duties, and I on as registered agent as provided for in Chapter 608, a change in the registered office address, I hereby ted in writing of this change.
(Signsture of Registered Agent)	98 SE SE
Division of Corporations, P.O. B FILING FE	ox 6327, Tallahassee, FL 32314
NHS18 (05/08)	L 28 PM
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