

03/15/2011

16:09 NYS Corporate

(FAX) 393-8900

P.001/003

Division of Corporations

Page 1 of 1

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H11000068379 3)))



H110000683793ABC2

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : US CORPWORKS INC.
Account Number : I20070000066
Phone : (303) 393-8800
Fax Number : (303) 393-8900

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**LLC REGISTERED AGENT CHANGE
MONAVIE LLC**

Certificate of Status	0
Certified Copy	0
Page Count	23
Estimated Charge	\$25.00



RECEIVED
11 MAR 16 AM 6:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED
11 MAR 16 AM 8:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Electronic Filing Menu

Corporate Filing Menu

Help **J. BRYAN**

MAR 17 2011

<https://efile.sunbiz.org/scripts/efilcovr.exe>
EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Monavie 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:

Michael Mirrione

Name of Person

NRAI Corporate Services

Firm/Company

1638 Pennsylvania Street

Address

Denver, CO 80203

City/State and Zip Code

kimberlyd@monavie.com

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

For further information concerning this matter, please call:

Michael Mirrione

Name of Person

at (303)

393.8800

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

FILED
11 MAR 16 AM 8:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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: Monavle LLC

2. (a) Principal office address of limited liability company: 10855 S. Riverfront Parkway

☐ (Note: **MUST BE STREET ADDRESS**)

Suite 100
South Jordan, UT 84095

(b) Mailing address of limited liability company:

☐ (Note: **MAY BE POST OFFICE BOX**)

02/07/2008

3. Date of filing/registration in Florida

M08000000653

4. Document number

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

Registered Agent:

CT Corporation System

Registered Office Address:

1200 S. Pine Island Road
Plantation, FL 33324

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

NEW Registered Agent:

NRAI Services, Inc.

NEW Registered Office Address:

2731 Executive Park Drive, Suite 4

(MUST BE FLORIDA STREET ADDRESS)

Weston, FL 33331

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

Randy Larsen

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: Michael Mirrone, Asst. Secy.
Signature of Registered Agent

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

FILING FEE: \$25.00