

M0800000001 229

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

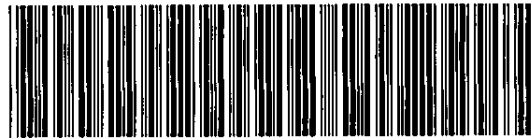
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

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05/17/10--01002--002 \*\*25.00

RECEIVED  
10 MAY 14 PM 2:48  
DEPT. OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

FILED  
10 MAY 14 PM 4:10  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

B. KOHR

MAY 14 2010

EXAMINER

CORPDIRECT AGENTS, INC. (formerly CCRS)  
525 EAST PARK AVENUE  
TALLAHASSEE, FL 32301  
222-1173

10 MAY 14 PM 4:10  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FL 32301

FILING COVER SHEET  
ACCT. #FCA-14

CONTACT: MICHELE HOLDEN

DATE: 05/14/2010

REF. #: 010001.125115

CORP. NAME: **SKILLSTORM COMMERCIAL SERVICES LLC**

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> ARTICLES OF INCORPORATION                    | <input type="checkbox"/> ARTICLES OF AMENDMENT  | <input type="checkbox"/> ARTICLES OF DISSOLUTION |
| <input type="checkbox"/> ANNUAL REPORT                                | <input type="checkbox"/> TRADEMARK/SERVICE MARK | <input type="checkbox"/> FICTITIOUS NAME         |
| <input type="checkbox"/> FOREIGN QUALIFICATION                        | <input type="checkbox"/> LIMITED PARTNERSHIP    | <input type="checkbox"/> LIMITED LIABILITY       |
| <input type="checkbox"/> REINSTATEMENT                                | <input type="checkbox"/> MERGER                 | <input type="checkbox"/> WITHDRAWAL              |
| <input type="checkbox"/> CERTIFICATE OF CANCELLATION                  |   |  |
| <input checked="" type="checkbox"/> OTHER: CHANGE OF REGISTERED AGENT |   |  |

STATE FEES PREPAID WITH CHECK# 534971 FOR \$ 25.00

AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:

\_\_\_\_\_ COST LIMIT: \$ \_\_\_\_\_

PLEASE RETURN:

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> CERTIFIED COPY        | <input type="checkbox"/> CERTIFICATE OF GOOD STANDING | <input checked="" type="checkbox"/> PLAIN STAMPED COPY |
| <input type="checkbox"/> CERTIFICATE OF STATUS |   |  |

Examiner's Initials

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: Skillstorm Commercial Services, LLC
2. (a) Principal office address of limited liability company: 10105 Pacific Heights Blvd, Suite 130  
(Note: MUST BE STREET ADDRESS) San Diego CA 92121
- (b) Mailing address of limited liability company: 10105 Pacific Heights Blvd., Suite 130  
(Note: MAY BE POST OFFICE BOX) San Diego CA 92121

March 13, 2008

M08000001229

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:

Vincent E. Virga

Registered Office Address:

1000 Corporate Drive, #280

Ft. Lauderdale FL 33334

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

NEW Registered Agent:

National Corporate Research, Ltd., Inc.

NEW Registered Office Address:

(MUST BE FLORIDA STREET ADDRESS)

515 East Park Avenue

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)

ADAM LARSON - CFO

(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