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Special	Instructions to	Filing Officer:	
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Office Use Only



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EXAMINER

SECRETARY OF STATE

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COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT:Nar	ThoughtProjects LLC Name of Limited Liability Company		
Dear Sir or Madam:			
The enclosed Registered Agent/Regis	tered Office Change and fee(s) are submitted for filing.		
Please return all correspondence conc	erning this matter to the following:		
Jamelle Overby	√		
Name of Person			
	FS P		
ThoughtProjects L	LC FG =		
Firm/Company	AEG F		
	ARY SSI		
1300 Marsh Landing Parkw	ay, Suite 106		
Address	ay, Suite 106 EFFLORIGE 20		
	PATE 20		
Jacksonville Beach, FL	_ 32250 ~~~		
. City/State and Zip Code			
jamelle.overby@mecla	report notification)		
For further information concerning th	is matter, please call:		
Jamelle Overby	at (904) 612-5300		
Name of Person	Area Code & Daytime Telephone Number		
STREET/COURIER ADDRES	S: MAILING ADDRESS:		
Registration Section	Registration Section		
Division of Corporations	Division of Corporations		
Clifton Building 2661 Executive Center Circle	P.O. Box 6327 Tallahassee, Florida 32314		
Tallahassee, Florida 32301	Tananassee, Plonda 32314		
Enclosed is a check for the fo	ollowing 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:	ThoughtProjects LLC	
2. (a) Principal office address of limited liability compar	ny:	
(Note: MUST BE STREET ADDRESS)	1300 Marsh Landing Parkway, Suite 106 Jacksonville Beach, FL 32250	
(b) Mailing address of limited liability company:		
(Note: MAY BE POST OFFICE BOX)	Same	
February 4, 2009	M0900000459	
3. Date of filing/registration in Florida	4. Document number	
5. (a) Registered Agent and Registered Office shown or	the records of the Florida Dept of State:	
Registered Agent:	Robert Kemper	
Registered Office Address:	1300 Marsh Landing Parkway, Suite 106 Jacksonville Beach, FL 32250	
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NE</u>		
NEW Registered Agent:	Aaron Rosenthal	
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	1448 Atlantic Breeze Way	
(MUSI BE FLUKIDA SIKEET ADDRESS)	Ponte Vedra Beach ,FL32082	
If the limited liability company is not organized under the confirmed that after the change or changes are made, the and the business office of the registered agent will be ider liability company, it is hereby confirmed that the change (of the members of the limited liability company or as other or the operating agreement of the limited liability company.	e laws of the State of Florida, it is hereby Florida street address of the registered office ntical. Or, in the case of a Florida limited s) was/were authorized by an affirmative vote erwise provided in the articles of organization by	
Signature of a member of authorized representative of a member	•	
	<u> </u>	
Printed or typed name of signee I haraby account the appointment as varietized agent and	armen to get in this armenity. I finished armen to	
I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the pand I am familiar with and accept the obligations of my p Chapter 608. F.S. Or, if this decument is being filed to maddress, I hereby continu that the limited liability company.	agree to do in this capacity. I further agree to roper and complete performance of my duties, osition as registered agent as provided for in erelect a change in the registered office my has been notified in writing of this change.	
Signature of Registered Agent	•	