

Division of Corporations

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To:

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

000638.148781

From:

Account Name : CORPDIRECT AGENTS, INC.  
Account Number : 110450000714  
Phone : (850) 222-1173  
Fax Number : (850) 224-1640

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

Email Address: \_\_\_\_\_

ALLAHASSEE, FLORIDA

11 MAY 26 AM 9:42

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**LLC REGISTERED AGENT CHANGE  
DESPATCH GP, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	02
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D. BRUCE

MAY 27 2011

EXAMINER

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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: DESPATCH GP, LLC
2. (a) Principal office address of limited liability company: 8860 207TH STREET WEST  
LAKEVILLE MN 55044  
 (Note: **MUST BE STREET ADDRESS**)
- (b) Mailing address of limited liability company: 8860 207TH STREET WEST  
LAKEVILLE MN 55044  
 (Note: **MAY BE POST OFFICE BOX**)

04/28/2009M09000001583

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:

CORPORATION SERVICE COMPANY

Registered Office Address:

1201 HAYS STREET  
TALLAHASSEE FL 32301(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)615 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)

Patrick Peyton

(Printed or typed name of signee)

*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