

ME90000002355

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

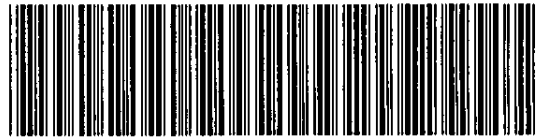
(Business Entity Name)

(Document Number)

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2014 MAR -5 11:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED
2014 MAR -5 AM 9:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MAR - 7 2013

T. HAMPTON



CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195

REFERENCE : 040018 7700412

AUTHORIZATION :

COST LIMIT :

\$025.00

[Handwritten signature]

ORDER DATE : March 4, 2014

ORDER TIME : 10:18 AM

ORDER NO. : 040018-005

CUSTOMER NO: 7700412

CHANGE OF AGENT

NAME: COMVEST FTI SAC, LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
 PLAIN STAMPED COPY

CONTACT PERSON: Susie Knight

EXAMINER'S INITIALS: _____

2014 MAR 10 10:18 AM
SUSIE KNIGHT



FLORIDA DEPARTMENT OF STATE
Division of Corporations

TO: TAMMY HAMPTON
SUPERVISOR OF FILING

2014 MAR -6 PM 1:42

March 6, 2014

CSC
SUSIE KNIGHT

RESUBMIT
Please give original
submission date as file date.

SUBJECT: COMVEST FTI SAC, LLC
Ref. Number: M09000002355

We have received your document for COMVEST FTI SAC, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Tammy Hampton
Regulatory Specialist III

Letter Number: 614A00004901

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114, 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: Comvest FTI SAC, LLC

2. (a) Principal office address of limited liability company: 525 Okeechobee Blvd, Suite 1050
 (Note: **MUST BE STREET ADDRESS**) West Palm Beach, FL 33401

(b) Mailing address of limited liability company: 400 Rinehart Road
 (Note: **MAY BE POST OFFICE BOX**) 1000
Lake Mary, FL 32746

06/19/2009

M090000002355

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:

NRAI Services, Inc.

Registered Office Address:

1200 Pine Island Rd
Plantation, FL 33324

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

NEW Registered Agent:

Corporation Service Company

NEW Registered Office Address:

1201 Hays Street

(MUST BE FLORIDA STREET ADDRESS)

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.

Cecilio M. Rodriguez

Signature of a member or authorized representative of a member

Cecilio M. Rodriguez, 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 605, 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: *Sue G. Knight*
 Signature of Registered Agent Corporation Service Company

Sue G. Knight
 Assistant Vice President

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

FILING FEE: \$25.00

FILED
 JUN 20 2009
 5 AM 9:26
 TALLAHASSEE, FLORIDA
 CLERK OF STATE