

MD900000034194

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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2013 OCT 11 AM 10:47

EXAMINE

OCT 14 2013

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

**FILING COVER SHEET**  
**ACCT. #FCA-23**

**CONTACT:**      RICKY SOTO

**DATE:**            10/11/2013

**REF. #:**           8924369

**CORP. NAME:**   S3 INTEGRATION, L.L.C.

- |  |   |  |
|--|---|--|
| <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 AGENT |   |  |

**STATE FEES PREPAID WITH CHECK# 70008250 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

2013 OCT 11 AM 10:47  
CORPDIRECT AGENTS, INC.  
TALLAHASSEE, FL 32301  
222-1173

**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: S3 INTEGRATION, L.L.C.

2. (a) Principal office address of limited liability company: 1530 CATON CENTER DR.  
SUITE N  
HALETHORPE, MD 21227

(b) Mailing address of limited liability company:  
(Note: MAY BE POST OFFICE BOX)

1530 CATON CENTER DR.  
SUITE N  
HALETHORPE, MD 21227

09/03/2009

3. Date of filing/registration in Florida

M09000003494

4. Document number

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

Registered Agent:

FRANK J. GUILLOTT

Registered Office Address:

9283 SE HAWK NEST CT  
HOBE SOUND, FL 33455

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

NEW Registered Agent:

NRAI SERVICES, INC.

NEW Registered Office Address:

1200 SOUTH PINE ISLAND ROAD

(MUST BE FLORIDA STREET ADDRESS)

PLANTATION, FL 33324

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]  
Signature of a member or authorized representative of a member

TOM SILCOTT  
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.*

Katie Wonsch  
Katie Wonsch, Assistant Secretary  
Signature of Registered Agent

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314  
FILING FEE: \$25.00