## M09000004286

| (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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**EXAMINER** 



CORPORATION SERVICE COMPANY.

ACCOUNT NO. : I2000000195

REFERENCE: 747057 7826052

AUTHORIZATION :

COST LIMIT : \$ 25.00

ORDER DATE: April 18, 2011

ORDER TIME : 10:39 AM

ORDER NO. : 747057-048

CUSTOMER NO: 7826052

## CHANGE OF AGENT

NAME: BOWHEAD SUPPORT GROUP LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

\_ CERTIFIED COPY XX PLAIN STAMPED COPY

CONTACT PERSON: Jeanine Reynolds

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: BOWHEAD  | SUPPORT GROUP LLC   |
|--|---|
| 2. (a) Principal office address of limited liability compar ( <i>Note: MUST BE STREET ADDRESS</i> )  |   |
| (b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)   | 1525 Perimeter Parkway Stc. 235 Huntsyille, AL 35806  |
| 10/29/2009   | M09000004286  |
| 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:  | C T Corporation System  |
| Registered Office Address:   | 1200 South Pine Island Road<br>Plantation, FL 33324   |
| (b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Agent</u> :   | CW Registered Office address:  Corporation Service Company  |
| NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)  | 1201 Hays Street  Tallahassee ,FL 32301   |
| If the limited liability company is not organized under the that after the change or changes are made, the Florida stre office of the registered agent will be identical. Or, in the hereby confirmed that the change(s) was/were authorized liability company or as otherwise provided in the articles limited liability company.  (Signature of a member or authorized representative of a member) | et address of the registered office and the business  |
| Maureen Cathell, Authorized Person (Printed or typed name of signee)   | <u> </u>  |
| I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the pram familiar with and accept the obligations of my position F.S. Or, if this document is being filed to merely reflect a confirm that the limited liability company has been notified corporation Service Company  | agree to act in this capacity. I further agree to roper and complete performance of my duties, and I is registered agent as provided for in Chapter 608, change in the registered office address, I hereby in writing of this change. |
| (Signature of Regulered Agent)   |   |

Elizabeth A. Dawson, Asst. Vice President
Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314
FILING FEE: \$25.00