## m/00000076C

(Requestor's Name)		
. (Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP W	AIT MAIL	
(Business Entity Name)		
(Document Number)		
Certified Copies Cert	ificates of Status	
Special Instructions to Filing Affice LUNT		
OCT <b>2 6</b> 2010		
EXAMINER		

Office Use Only



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## **COVER LETTER**

TO: Registration Section Division of Corporations	
	nexions LLC ed Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office	Change and fee(s) are submitted for filing.
Please return all correspondence concerning this n	natter to the following:
Victor Alfano	
Name of Person	2010 OL SEGRE TALLAH
NRAI Corporate Services, LLC	
Firm/Company	25 88.
16055 Space Center Blvd., Suite 235	IN OCT 25 AM III: 1/1 EERETARY OF STATE LLAHASSEE FLORIDA
Address	RIDA
Houston, TX 77062	
City/State and Zip Code	
E-mail address: (to be used for future annual report notificat	ion)
For further information concerning this matter, ple	ease call:
Victor Alfano at (	800 ) 862-5438
Name of Person	Area Code & Daytime Telephone Number
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
Clifton Building	P.O. Box 6327
2661 Executive Center Circle	Tallahassee, Florida 32314
Tallahassee, Florida 32301	
Enclosed is a check for the following am	ount:
\$25 Filing Fee	\$55 Filing Fee & Certified Copy

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITEÐ 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:	Conexions LLC	
2. (a) Principal office address of limited liability company	: 6905 N Wickham Rd., Suite 303	
(Note: MUST BE STREET ADDRESS)	Melbourne, FL 32940	
(b) Mailing address of limited liability company:	6905 N Wickham Rd., Suite 303	
(Note: MAY BE POST OFFICE BOX)	Melbourne, FL 32940	
02/17/2010	M1000000760	
3. Date of filing/registration in Florida	4. Document number	
5. (a) Registered Agent and Registered Office shown on t	he records of the Florida Dept of state:	
Registered Agent:	Thomas E. Biddix	
Registered Office Address:	6905 N Wickham Rd., Sinte 303 Melbourne, FL 32940	
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW</u> <u>NEW Registered Agent</u> :	V Registered Office address:  NRAI Services, Inc.	
NEW Registered Agent.	MAN GETVICES, IIIC.	
<u>NEW</u> Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	2731 Executive Park Drive, Suite 4	
	Weston ,FL33331	
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		
Victor Alfano, Manager Printed or typed name of signee	-	
I hereby accept the appointment as registered agent and as comply with the provisions of all statutes relative to the provision and I am familiar with and accept the obligations of my post Chapter 608, F.S. Or, if this document is being filed to men address. I hereby confirm that the limited liability company NRAI Services, Inc.  Signature of Registered Agent Denise Bell, Asst. Secretary	gree to act in this capacity. I further agree to per and complete performance of my duties, ition as registered agent as provided for in ely reflect a change in the registered office has been notified in writing of this change.	

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