

M100000003171

Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850) 617-6383

From: Account Name : HARVARD BUSINESS SERVICES, INC.
Account Number : I20080000045
Phone : (302) 645-7400
Fax Number : (302) 645-1280

JUL 16 2013
L SELLERS

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

Email Address: filings@delawareinc.com

LLC REGISTERED AGENT CHANGE
COMMODO EAST, LLC.

Certificate of Status	1
Certified Copy	0
Page Count	02
Estimated Charge	\$30.00

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

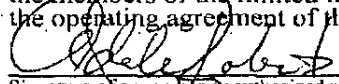
Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. Name of the limited liability company: COMMODO EAST, LLC.
2. (a) Principal office address of limited liability company: 15478 Oak Crest Circle
Brooksville FL 34604
 (Note: **MUST BE STREET ADDRESS**)
- (b) Mailing address of limited liability company: 15478 Oak Crest Circle
Brooksville FL 34604
 (Note: **MAY BE POST OFFICE BOX**)
3. Date of filing/registration in Florida: 7/16/10
4. Document number: M10000003171
5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Agent:	<u>Adale Nuzzo</u>
Registered Office Address:	<u>3024 NW 6TH TER</u> <u>CAPE CORAL, FL 33993</u>
- (b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

NEW Registered Agent:	<u>Registered Agents Inc.</u>
NEW Registered Office Address:	<u>3030 N. Rocky Point Dr. STE 150A</u>
(MUST BE FLORIDA STREET ADDRESS)	<u>Hillsborough County</u>
	<u>Tampa</u> <u>FL 33607</u>

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

Adele Roberts, Manager

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.

Dan Keen, President

Signature of Registered Agent

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32313
 FILING FEE: \$25.00

INHS18 (05/08)

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