

M11000002252

(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:

Office Use Only



100249775881

RECEIVED
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
2013 JUL 31 PM 1:48
SUFFICIENCY OF FILING

FILED
2013 JUL 31 AM 8:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

AUG 01 2013

D. BRUCE



CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195

REFERENCE : 745761 7547253

AUTHORIZATION :

COST LIMIT : \$ 25.00

ORDER DATE : July 31, 2013

ORDER TIME : 11:57 AM

ORDER NO. : 745761-005

CUSTOMER NO: 7547253

CHANGE OF AGENT

NAME: FULCRUM IT SERVICES, LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

____ CERTIFIED COPY
XX _____ PLAIN STAMPED COPY

CONTACT PERSON: Susie Knight

EXAMINER'S INITIALS: _____

FILED
2013 JUL 31 AM 8:57
CLERK OF STATE
TALLAHASSEE FLORIDA

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: FULCRUM IT SERVICES, LLC
2. (a) Principal office address of limited liability company: 5870 TRINITY PARKWAY
(Note: MUST BE STREET ADDRESS) SUITE 400
CENTERVILLE, VA 20120
- (b) Mailing address of limited liability company:
(Note: MAY BE POST OFFICE BOX)
- 05/03/2011 M11000002252
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 South Pine Island Road
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.

[Signature]
Signature of a member or authorized representative of a member

Derek A. McDowell
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 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.

By: [Signature]

Signature of Registered Agent

Sue G. Knight

Corporation Service Company Vice President

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

FILING FEE: \$25.00