## M11000003412

(Re	questor's Name)			
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D. BRUCE



CSC - WILMINGTON
Suite 400
2711 Centerville Road
Wilmington De 19808
800-927-9800
302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Ami Casper acasper5@cscinfo.com

Date: November 13, 2013

Order#: 878009-025

Re: DIRECT SERVICES, LLC

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$25 .

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

XX Please return evidence to the following:

Attn: Ami Casper

c/o Corporation Service Company 2711 Centerville Road, Suite 400

Wilmington, DE 19808

XX Return envelope is also enclosed for your convenience

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

QUCA.XCOA

## 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.

2. (a) Principal office address of limited liability company: 6955 S. Union Park Center (Note: MUST BE STREET ADDRESS)  (b) Mailing address of limited liability company: 6955 S. Union Park Center (Note: MAY BE POST OFFICE BOX)  (b) Mailing address of limited liability company: 6955 S. Union Park Center  Suite 540 Midvale, UT 84047   M11000003412  3. Date of filling/registration in Florida  4. Document number  5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:  Registered Office Address:  Registered Office Address:  NEW Registered Agent  NEW Registered Agent  NEW Registered Office Address:  (MUST BE FLORIDA STREET ADDRESS)  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.  Is Dona Priebe, Authorized Person  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.  I hereby confirmed that agree the obligations of my position as registered agent as provided for in Cypter of S. P. J. P. J. J. Inst. Address. Address. Authorized agent as provided for in Cypter of S. P. J. P. J. J. Inst. Address. Address. Authorized agent as provided for incompany to the proper and complete performance of my duties of the proper of	1. Nam	ne of the limited liability company: DIRECTWARE S	SERVICES, LLC		
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)    Midvale, UT 84047	2. (a)	Principal office address of limited liability company (Note: MUST BE STREET ADDRESS)	Suite 540		
Suite S40   Midvale, UT 84047			Midvale	<u>UT 84047</u>	
Mitoale, UT 84047	(b)				
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:  Registered Office Address:    Incorp Services, Inc		THORE MAIN BETOST OF THEE BOTT			
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Registered Office Address:  Registered Office Address:  17888 67th Court North  Loxahatchee  Diff. 38470  (b) Enter name of NEW Registered Agent and/or NEW Registered Office address:  NEW Registered Agent:  NEW Registered Office Address:  (MUST BE FLORIDA STREET ADDRESS)  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.  Is Dona Priebe  Signature of a member or authorized Person  Printed or typed name of signee  Dona Priebe, Authorized Person  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.	3. Date	e of filing/registration in Florida			
Registered Office Address:    Loxahatchee	5. (a)	Registered Agent and Registered Office shown on t	he records of the Florida D	ept. of State:	
(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:  NEW Registered Agent:  NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)  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.  Is/Dona Priebe  Signature of a member or authorized Person  Printed or typed name of signce  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 in the confirmance of this change.		Registered Agent:	Incorp Services, Inc		
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Signature of Registered Agent Corporation Service Company Sylvia Queppet, Assistant Vice President	<u> </u>	114	Sylvia Quennet Assistant	Vice Precident	

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