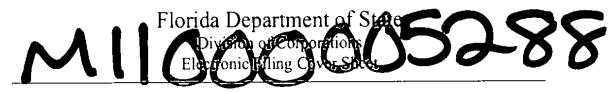
Division of Corporations



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H22000086545 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENT SOLUTIONS INC

Account Number : I20100000062 : (888)705-7274 Phone : (888)706-7274 Fax Number

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

Email Ad	ldroce			
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## LLC REGISTERED AGENT CHANGE PALOGIX SOLUTIONS LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

Electronic Filing Menu

Corporate Filing Menu

Help

15129570210

ť	COVER LETTER 1
TO: Registration Section Division of Corporations	
SUBJECT: Palogix Solutions	LLC
	of Limited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office	e Change and fee(s) are submitted for filing.
Please return all correspondence concerning this	matter to the following:
Mary Castillo	
Name of Person	
Registered Agent Solutions, Inc.	
Firm/Company	
Corporate Center One, 5301 Southwest	Pkwy, Ste 400
Address	
Austin, TX 78735	
City/State and Zip Code	
E-mail address: (to be used for future annu	al report notification)
For further information concerning this matter, p	olease call:
Mary Castillo	888 705-7274
Name of Person	Area Code & Daytime Telephone Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
Enclosed is a check for the following a	amount:
□ \$25 Filing Fee	S55 Filing Fee & Certified Copy
INHS18 (2/14)	

15129570210

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

Pursuant to the provisions of sections 605.0114 or 605.0116, 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.

me of the limited liability company: Falogia		ns LLC			
11601 WILSHIRE BLVD #1920	i	<sub>b)</sub> 11601	WILSHIRE	BLVD	#1920
Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			failing address of limi	ted liability co	impany:
LOS ANGELES, CA 90025		LOS A	NGELES, C	CA 9002	25
10/21/2011		M11000	0005288		
Date of filing/registration in Florida	4.	<del></del>	Document number	r .	
CT CORPORATION SYSTEM					
Registered Agent and Registered Office shown on the records	of the Flor	da Dept. of State			
1200 SOUTH PINE ISLAND RO	)AD				
Registered Office Address (MUST BE FLORIDA STREE	T ADDRE	<u>220</u>			
PLANTATION	<sub>FL</sub> 333	24		2022	
PLANTATION  Registered Agent Solutions, Inc		24		2022 MAR	<u>ئ</u> ر 2- سر
				2022 MAR - 8	ARTA AN FILE
Registered Agent Solutions, Inc				∑ <b>0</b> 0	APPROVED AND FILED
Registered Agent Solutions, Inc  Enter name of NEW Registered Agent and/or NEW Register  155 Office Plaza Dr.  NEW Registered Office Address:				7 T	APPROVED AND FILED
Registered Agent Solutions, Inc  Enter name of NEW Registered Agent and/or NEW Register  155 Office Plaza Dr.				∑ <b>0</b> 0	APPROVED AND FILED
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)  LOS ANGELES, CA 90025  10/21/2011  Date of filing/registration in Florida CT CORPORATION SYSTEM  Registered Agent and Registered Office shown on the records 1200 SOUTH PINE ISLAND RC	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)  LOS ANGELES, CA 90025  10/21/2011  Date of filing/registration in Florida 4.  CT CORPORATION SYSTEM  Registered Agent and Registered Office shown on the records of the Florida 1200 SOUTH PINE ISLAND ROAD	11601 WILSHIRE BLVD #1920  Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)  LOS ANGELES, CA 90025  LOS A  10/21/2011  Date of filing/registration in Florida  CT CORPORATION SYSTEM  Registered Agent and Registered Office shown on the records of the Florida Dept. of State 1200 SOUTH PINE ISLAND ROAD	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)  LOS ANGELES, CA 90025  Date of filing/registration in Florida  CT CORPORATION SYSTEM  Registered Agent and Registered Office shown on the records of the Florida Dept. of State:  1200 SOUTH PINE ISLAND ROAD	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)  LOS ANGELES, CA 90025  Mailing address of limited liability company: (Note: MAY BE POST OFFICE)  LOS ANGELES, CA 90025  LOS ANGELES, CA 90025  M11000005288  Date of filing/registration in Florida  CT CORPORATION SYSTEM  Registered Agent and Registered Office shown on the records of the Florida Dept. of State:  1200 SOUTH PINE ISLAND ROAD

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.

	2	1 0 0			
/s/	Colin Gelb		Colin Gelb	Member	_
	ignature of a member or authorize	d representative of a member	Printe	d 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 605, 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.

Mackenzie Hart, Asst. Secretary

Signature of Registered Agent