Florida Department of State Division of Companions

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(((H22000252035 3)))



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To:

Division of Corporations

15129570210

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENT SOLUTIONS INC

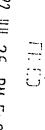
Account Number : I20100000062 Phone : (888)705-7274 Fax Number : (888)706-7274

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

Address:			

LLC REGISTERED AGENT CHANGE **NETRELEVANCE, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	01
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→ 18506176383

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		COVER LE	TTER	
-	sistration Section ision of Corporations		•	ÿ
SUBJECT:	Netrelevance, Ll	_C		
SOBJECT.		me of Limited Lia	bility Company	
Dear Sir or	Madam:			
The enclose	ed Registered Agent/Registered Of	fice Change and f	ee(s) are submitted for filing	3.
Please retur	m all correspondence concerning t	his matter to the fo	ollowing:	
Mary	Castillo			
	Name of Person			
Registere	ed Agent Solutions, Inc.			
	Firm/Company		_	
Corporate	e Center One, 5301 Southwe	st Pkwy, Ste 40	00	
	Address		_	
Austin, T	X 78735			
	City/State and Zip Code		_	
E-mai	l address: (to be used for future an	nual report notific	ation)	
For further	information concerning this matte	r, please call:		
Mary	Castillo	888 at (705-7274	
	Name of Person	··· \	Area Code & Daytime Tele	ephone Number
Reg Div Cli 266	REET/COURIER ADDRESS: gistration Section vision of Corporations fton Building b1 Executive Center Circle tlahassee, Florida 32301	Reg Divi P.O	ILING ADDRESS: istration Section ision of Corporations Box 6327 ahassee, Florida 32314	
En	closed is a check for the followin	g amount:		
	\$25 Filing Fee	□ \$55	5 Filing Fee & Certified Cop	ру
INHS18 (2/1	14)			

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

Name of the limited liability company: Netrelevanion 4865 HIDDEN ROCK RD	(b)	PO BO	X 2910		
Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)				
COLORADO SPRINGS, CO 80908	-	•		GS, CO, CO 8	
8/12/2013	- 1	M13000	005053		
Date of filing/registration in Florida	4.	D	ocument numbe	er	
CORPORATION SERVICE COMP	PANY				
Registered Agent and Registered Office shown on the records of th	e Florida i	Dept of State:			
Registered Agent and Registered Office shown on the records of the 1201 HAYS STREET	e Florida	Dept of State:			
· · · · · · · · · · · · · · · · · · ·					
1201 HAYS STREET Registered Office Address (MUST BE FLORIDA STREET ADDRESS)				2022 .	
1201 HAYS STREET Registered Office Address (MUST BE FLORIDA STREET AD TALLAHASSEE , FL. Sequence of the sequ	DDRESS)			2022 JUL 2	773
1201 HAYS STREET Registered Office Address (MUST BE FLORIDA STREET AD TALLAHASSEE , FL	3230°	1		2022 JUL 26	
1201 HAYS STREET Registered Office Address (MUST BE FLORIDA STREET AD TALLAHASSEE , FL. Registered Agent Solutions, Inc.	3230°	1		2022 JUL 26 PM 5:	
1201 HAYS STREET Registered Office Address (MUST BE FLORIDA STREET ADDRESS FLORIDA STREET	3230°	1		6 P	
1201 HAYS STREET Registered Office Address (MUST BE FLORIDA STREET ADDRESS ED.) TALLAHASSEE	3230°	1		6 PH 5:	

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.

/s/	Anita Brown	Anita Brown	Managing Member
_;	Signature of a member or authorized representative of a member	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 605, F.S. Or, if this document is being filed to mereby reflect a familiar with a second my position of the observed 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