VIA Regular Mail

Florida Secretary of State Division of Corporations PO Box 6327 Tallahassee FL 32314

Re: DECISION STRATEGIES LLC (DE) Order #: 5443081

Dear Sir/Madam:

MiH

Enclosed for filing is the Statement of Change of Registered Agent on behalf of the above company, together with funds in payment of the required fees.

Please file/record on a routine basis and return evidence of filing to my attention via regular mail.

If you have any questions or if for any reason the filing cannot be effected promptly, please call me at: 800-241-6733.

Very truly yours,

Jennifer L. Gollbach Customer Specialist

Enclosure(s)

O2 JUL -5 AM 8: 56
SECRETARY OF STATE
TALLAHASSEF FIGURE

30600 Telegraph Road Bingham Farms, MI 48025 Tel. 248 646 9033 Fax 248 646 9034

## 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. The name of the li	mited liability company is:	DECISION STRATEGIES LLC			·
2 The mailing addres	es of the limited liability cor	npany is: 13515 Ballar	Jon vtu	aro. Pl.	
		inparty is . 100:0 122000		21/10	<u> </u>
Charlotte,	NC 28277				·
10/20/97	-	M9700000699			
3. Date of filing/regis	stration in Florida	4. Document num	 her		
5. Date of Hingriegis	suation in Piorida	4. Boomen nam	IUUI	•	
5. The name of the rep Florida Department		ered office address as shown o	n the recor	ds of the	
•	HIQ CORPORATE SERV	TCES, INC.			
		Name	•		
	526 EAST PARK AVENU	JE, STE 200			_
		Address			
	TALLAHASSEE FL 3230		<del></del> .		
	City,	State and Zip		H	
6. The name and addr	ess of the new registered ag	ent and/or office:	Ę	SEC 93	
			Ä		, magain
	C T Corporation System		7. Z.	- J	-
	<del>-</del>	Jame	5	- ~<	
	1200 South Pine Island Roa	(P.O. Box <b>NOT</b> acceptable)			
	riorida street address	(P.O. Box NOT acceptable)	T01	<u> </u>	
	Plantation	FL 33324	200	NE 256	
	City, St	ate and Zip	~ >		
	• *	•			
confirmed that after the and the business office liability company, it is the members of the linthe operating agreement.	ne change or changes are made of the registered agent will be hereby confirmed that the		of the regist of a Florida I by an affi	tered office limited rmative ve	ote of
	)? 1 a o				
Patrick J. C					
I hereby accept the a comply with the provi	ppointment as registered ag sions of all statutes relative h and accept the obligations , if this document is being fi firm that the limited liability	ent and agree to act in this cap to the proper and complete pe of my position as registered a iled to merely reflect a change company has been actified in Asst. Secretary	erformance	of my dui	ties,

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

**FILING FEE: \$25.00** 

INHS18(10/99)

FL015-9/27/99 C T System Online