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D. BRUCE
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EXAMINER

COVER LETTER

Division of Corporations Eurolink America, LLC **SUBJECT:** Name of Limited Liability Company Dear Sir or Madam: The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Craig J. Hudson Name of Person Eurolink America, LLC Firm/Company 1260 Karl Court Address Wauconda, IL 60084 City/State and Zip Code dstrentz@fidelitone.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Donna Strentz Name of Person Area Code & Daytime Telephone Number STREET/COURIER ADDRESS: **MAILING ADDRESS:** Registration Section Registration Section Division of Corporations **Division of Corporations** Clifton Building P.O. Box 6327 2661 Executive Center Circle Tallahassee, Florida 32314 Tallahassee, Florida 32301 Enclosed is a check for the following amount: ✓ \$25 Filing Fee \$55 Filing Fee & Certified Copy

TO: Registration Section

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.

•			
Name of the limited liability company:	Eurolink America, LLC		
2. (a) Principal office address of limited liability compar	ny: 8231 Bay Co	y: 8231 Bay Colony Drive, Unit 603	
(Note: MUST BE STREET ADDRESS)	Naples, FL 34108		
(b) Mailing address of limited liability company:	1260 Karl Court		
(Note: MAY BE POST OFFICE BOX)	Wauconda, IL 60084		
6/20/2003	L030000	023234	
3. Date of filing/registration in Florida	4. Document number		
5. (a) Registered Agent and Registered Office shown or	n the records of the Florid	a Dept. of State:	
Registered Agent:	Craig J. Hudson	- 	
Registered Office Address:	8171 Bay Colony Dri Unit 704 Naples, FL 34108	Ve S	
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NI</u>	EW Registered Office ad	TO SE LA	
NEW Registered Agent:			
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	8231 Bay Colony Drive Unit 603		
·	Naples	,FL <u>34108</u>	
If the limited liability company is not organized under the confirmed that after the change or changes are made, the and the business office of the registered agent will be ide liability company, it is hereby confirmed that the changet of the members of the limited liability company or as oth or the operating agreement of the limited liability company. Signature of a member or authorized representative of a member Craig J. Hudson, MGRM Printed or typed name of signee	Florida street address of tentical. Or, in the case of a (s) was/were authorized by terwise provided in the art	he registered office	
I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the p and I am familiar with and accept the obligations of my to Chapter 608, F.S. Or, if this document is being filed to h address, I hereby confirm that the limited liability compa	agree to act in this capace proper and complete perfo position as registered agen perely reflect a change in a pay has been notified in wi	city. I further agree to ormance of my duties, nt as provided for in the registered office riting of this change.	

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