

CT CORPORATION SYSTEM

CORPORATION(S) NAME

M000000001639

Voluntary Data Services LLC

300003674293--8  
-02/12/01--01081--011  
\*\*\*\*\*25.00 \*\*\*\*\*25.00

- Profit
- Nonprofit
- Foreign
- Limited Partnership
- LLC
- Certified Copy
- Call When Ready
- Walk In
- Mail Out
- Amendment
- Dissolution/Withdrawal
- Reinstatement
- Annual Report
- Name Registration
- Fictitious Name
- Photocopies
- Call If Problem
- Will Wait
- Merger
- Mark
- Other
- Change of RA
- UCC
- CUS
- After 4:30
- Pick Up

RECEIVED  
01 FEB 12 AM 11:30  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Name \_\_\_\_\_  
Availability \_\_\_\_\_  
Document \_\_\_\_\_  
Examiner \_\_\_\_\_  
Updater \_\_\_\_\_  
Verifier \_\_\_\_\_  
W.P. Verifier \_\_\_\_\_

2/12/01

Order#: 3456571

JB2-12-01

Ref#: \_\_\_\_\_

Amount: \$ \_\_\_\_\_

01 FEB 12 PM 1:58  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

APPROVED  
AND  
FILED

660 East Jefferson Street  
Tallahassee, FL 32301  
Tel. 850 222 1092  
Fax 850 222 7615

Jma

**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 limited liability company is: Voluntary Data Services, LLC  
 2. The mailing address of the limited liability company is : 901 Peninsula Corporate Circle  
750 Park of Commerce Drive, Boca Raton FL 334

3. Date of filing/registration in Florida 08/17/2000 4. Document number M00000001639

5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

Corporation Service Company  
 Name  
1201 Hayes Street  
 Address  
Tallahassee FL 32301  
 City, State and Zip

6. The name and address of the new registered agent and/or office:

C T Corporation System  
 Name  
1200 South Pine Island Road  
 Florida street address (P.O. Box NOT acceptable)  
Plantation FL 33324  
 City, State and Zip

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.

*[Signature]*  
 (Signature of a member of authorized representative of a member)

Terrence D. Delehanaty  
 (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.*

C T Corporation System  
*Barbara A Burke*  
 (Signature of Registered Agent)

BABARA A. BURKE  
 SPECIAL ASSISTANT SECRETARY

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

APPROVED AND FILED  
 01 FEB 12 PM 1:58  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA