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TRANSMITTAL LETTER

	TO: Amendment Section Division of Corporations			
	SUBJECT: DATA Mappins and Impulse LLC (Name of corporation)			
	DOCUMENT NUMBER:			
	The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.			
	Please return all correspondence concerning this matter to the following:			
	Name of person)			
	DATA MANDING and Imaking LLC (Name of firm/company)			
	A708 ALLer NATE 19 NORTH, Suite 602 (Address) Polyn Hargano Floring 71/683			
	(Name of firm/company) 2708 ALleg NATE 19 NORTH, Suite 602 (Address) Palm HARCACL Horida 3/683 (City/state and zip code) For further information concerning this matter, please call:			
	For further information concerning this matter, please call:			
	Timothy W. Doley TRD. at (726) 656 4-575 (Name of person) (Area code & daytime telephone number)			
	Enclosed is a \$35.00 check made payable to the Department of State.			
A	Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address: Amendment Section Division of Corporations Pivision of Corporations 409 E. Gaines Street Tallahassee, FL 32319			



FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

August 5, 2003

TIMOTHY N. DALEY PH.D. DATA MAPPING AND IMAGING LLC 2708 ALTERNATE 19 NORTH, STE. 602 PALM HARBOR, FL 34683

SUBJECT: DATA MAPPING AND IMAGING LLC

Ref. Number: M02000002758

We have received your document for DATA MAPPING AND IMAGING LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You completed the wrong form.

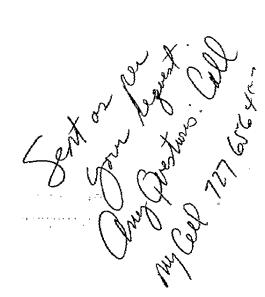
We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6043.

Joey Bryan Document Specialist

Letter Number: 203A00044583



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: DUT	a mapping and mixing ex
2. The mailing address of the limited liability company i	s: 2708 Alternate 19
Svite leda Paim Harbor	
OVILL GOD FULL HOUSE	, FL 19403
Jeptember 13, 2000	M0200000 2758
3. Date of filing/registration in Florida	4. Document number
5. The name of the registered agent and the registered of	ice address as shown on the records of the
Florida Department of State: The Compony	Corporation
Name	Carbotation
P.O. Box 13	397
Address	
philadelphia,	DA 19101-339
City, State an	d Zip
6. The name and address of the new registered agent and	/or office:
Timpthy N.	Corporation 397 DA 19101-339 Joroffice: Daley Ph. D.
Name	
2708 Alternation	te 19 N. Suite leo 2005
Florida street address (P.O. E	Box NOT acceptable)
DAIM HArlow	241M2
Palm Harbor, FL	34 483
City, State and	Zip
If the limited liability company is not organized under th	e laws of the State of Florida, it is hereby
confirmed that after the change or changes are made, the	riorida street address of the registered office entical. 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
and the business office of the registered agent will be ide liability company, it is hereby confirmed that the change the members of the limited liability company or as other the operating agreement of the limited liability company.	vise provided in the articles of organization or
Transfer Land Walter He was)
(Signature of a member or authorized representative of a member)	See
To When Down Do	ν
(Printed or typed name of signee)	<u></u>
	I among to got in this gangaity. I firstly a garage to
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 Chapter 608, F.S. Or, if this dodument is being filed to Gadress, Thereby confirm that the limited liability compa	proper and complete performance of my duties,
ana 1 am jamiwar wiin ana accept ine obligations of my Chapter 608, F.S. Or, if this dodument is being filed to t	position as registered ugent as provided for in nerely reflect a change in the registered office
vaaaress. Enereov contirm inal i ite limited liabilit <u>u co</u> mba	iny nas veen nonnea in writing of inis change.

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

INHS18(10/99)