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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : CORPORATION SERVICE COMPANY

Account Number : I2000000195 : (850)521-1000

: (850)558-1515 Fax Number

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

始ail Address:

## REGISTERED AGENT CHANGE WEBLOYALTY.COM, INC.

Certificate of Status	0
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Help

4/11/2011

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4-11-11 Bralin

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of ch	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this ange is submitted for a corporation organized under the laws of the State of Delawaze er to change its registered office or registered agent, or both, in the State of Florida.	
1. The name of	the corporation: WEBLOYALTY.COM, INC.	_
2. The principal Starnford,	l office address: 6 High Ridge Park	
3. The mailing a	address (if different):	
4. Date of incor	poration/qualification: 11/20/2007 Document number: F07000005757	
	d street address of the current registered agent and registered office on file with the riment of State:	
•	NRAI SERVICES, INC.	
	SIS E. PARK AVENUE	
	TALLAHASSEE FL 32301 US	
6. The name and (if changed):	TALLAHASSEE FL 32301 US  d street address of the new registered agent (if changed) and /or registered office  Corporation Service Company  1201 Hays Street	
	Corporation Service Company	
		)
	(P.O. Box NOT acceptable)	
	Tallahassee, FL 32301	
The street addit as changed will	ess of its registered office and the street address of the business office of its registered agent, the identical.	
Such change wa authorized by the	as authorized by resolution duly adopted by its board of directors or by an officer so he board, or the corporation has been notified in writing of the change.	
-cA	Stoone Cery	
I hereby accept I further agree of my duties, an document is bei corporation has Corporation	the appointment as registered agent and ugree to act in this capacity, to comply with the provisions of all statutes relative to the proper and complete performance and I am familiar with and accept the obligation of my position as registered agent. Or, if this ing filed merely to reflect a change in the registered office address, I hereby confirm that the specific particles are the specific particles. The property of this change in the registered office address, I hereby confirm that the specific particles are the property of this change.	
By: Jung	gradure of Regridered Agent) (Date)	
U	chalf of an entity:	
Jacone		
Asst."	* * * FILING FEE: \$35.00 * * *	
	MANUSCHINGER DAVADED TO DE ODDA DEDADES OF CTATE	

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (8/05)