## Florida Department of State

Division of Corporations
Public Access System
Katherine Harris, Secretary of State

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H010000695782)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)205-0380

From:

Account Name : AGENTS AND CORPORATIONS, INC

Account Number : 120010000112 Phone : (302)575-0875

Fax Number : (302)575-1642

RECEIVED OI MAY 30 MM 9: 45 OI MAY 30 MM 9: 45 IVISION OF CORPORATIONS

## REGISTERED AGENT CHANGE

## COMMERCE THRU DIGITAL TECHNOLOGY LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

\_'- \_

FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

May 30, 2001

COMMERCE THRU DIGITAL TECHNOLOGY LLC 5750 MAJOR BLVD., SUITE 250 ORLANDO, FL 32819

SUBJECT: COMMERCE THRU DIGITAL TECHNOLOGY LLC

REF: L00000000189

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The document is illegible and not acceptable for imaging.

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) 487-6094.

Agnes Lunt Document Specialist FAX Aud. #: H01000069578 Letter Number: 401A00032743

(H01000069578 2)

Division of Corporations - P.O. BOX 6327 - Tallahassee, Florida 32314

(H01000069578 2)

## 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.

<ol> <li>The name of the lin</li> </ol>	nited liability company is:	Commerce	Thru Digit	al Technology 7.70
<ol><li>The mailing address</li></ol>	s of the limited liability con	mpany is :		The state of the s
	vd., Suite 250, Or			
01/04/2000			L0000000001	0.0
3. Date of filing/regist	ration in Florida	4	Document nur	
5. The name of the regi Florida Department of	stered agent and the registe of State:			
	Kim De Beyer			<b>7</b> o
	5750 Major	Vame Blvd., Sui	te 250	FILED 01 MAY 30 PM 1: 34 SCOREGE FLORID
Address Orlando, FL 32819 City, State and Zip 6. The name and address of the new registered agent and/or office:  Agents and Corporations, Inc.				
	City, St	ate and Zip		<u> </u>
o. The name and address	s of the new registered ages	nt and/or offic	<b>\$</b> ;	FLOR
	Agents and Corp	orations,	Inc.	DA DA
	Suite E, 773 4t	me h Avenue 1	North	•
	Florida street address (P	O. Box NOT	acceptable)	
	Naples,	FL 34102	<b>:</b>	
	City, Stat	e and Zip		
and the business office of liability company, it is he of the members of the kin or the operating agreement.	npany is not organized und hange or changes are made the registered agent will be reby confirmed that the changed liability company or a of the limited liability con lized representative of a member)	e identical. O	Let audress of the case of the	me registered office
Michael Rivers,	· ·			
(Printed or typed name of signee)			-	
I hereby accept the appoint comply with the provisions and I am familiar with and Chapter 608, F.S. Or if the address, I hereby confirm to the confirm of th		and agree to o he proper and ny position as to merely refle npany has bee	et in this capaci complete perfor registered agen et a change in h n notified in wri	ty. I further agree to mance of my duties, tas provided for in the registered office ting of this change.
Division	of Corporations D.O. D.	··· /225	_	