LAW OFFICES

SHAMY, SHIPERS & LONSKI, P.C.

A PROFESSIONAL CORPORATION

251 LIVINGSTON AVENUE NEW BRUNSWICK, N.J. 08901

WILLIAM J. SHIPERS DAVID P. LONSKI

JOHN J. RIZZO** JASON E. SHAMY

(732) 247-1133 FAX (732) 846-4324

SHORE AREA OFFICE: 2164 HWY. 35, BLDG.C WALL, N.J. 07719 (732) 974-3132

THOMAS J. SHAMY (1966-1992)

OF COUNSEL

MICHAEL KEEFE*** 00000

10 1000 NA 1/3

REPLY TO NEW BRUNSWICK

-06/26/00--01126--014 *****25.00 *****25.00

Division of Corporations PO Box 6327 Tallahassee, Florida 32314

> Joseph E. Shamy RE:

17616 Candlewood Terrace Boca Raton, Florida 33432

Dear Sir/Madam,

Enclosed please find a Statement of Change of Registered Office and Registered Agentific Limited Liability Company and the \$25.00 filing fee check.

Very truly yours,

SHAMY, SHIPERS & LONSKI, P.C.

LONSKI, ESQ.

DPL/lm Enclosures

cc: Joseph E. Shamy

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provision liability company submit agent, or both, in the Sta	ons of sections 608.416 ts the following statement te of Florida.	or 608.508, F nt in order to c	lorida Statutes, i change its registe	the unders red office	igned lîmited or registered
1. The name of the limit	d liability company is:	DATA INVES	TMENT, LLC		
2. The mailing address of	of the limited liability con	mpany is: 1	17616 Candlew	ood Terr	ace, Boca.
Country Club, Bo	ca Raton, FL 33432				_
April 20, 2000			L00000004558		
3. Date of filing/registra	tion in Florida	4.	Document number	er	
5. The name of the regist Florida Department of	ered agent and the regist State:	ered office add	ess as shown on	the records	of the
	Spiegel & Vtro			-	
		Name			75 B
	343 Almerica				FE
		Address	2.6		発
	Coral Gables,		.3 4		- R. 3
	City, a	State and Zip			新星
6. The name and address	of the new registered age	ent and/or offic	e:		四分二
	Joseph E. Sham	у			爱艺
	N 17616 Candlewo	lame od Terrace			DE L
	Florida street address	(P.O. Box NO	Γacceptable)		- रहर छह
	Boca Raton,	FL 33432			
	City, Sta	ate and Zip			,
If the limited liability conconfirmed that after the cand the business office of liability company, it is he the members of the limite the operating agreement (Signature of a member or author	hange or changes are ma the registered agent will reby confirmed that the coddiability company or as the limited liability con	de, the Florida l be identical. (change(s) was/v s otherwise prompany.	etroat address of t	tha taciator	ad affice
Joseph E. Shamy	,				
(Printed or typed name of signee)					<i>a</i> -
I hereby accept the appoint comply with the provision and I am familiar with an Chapter 608, F.S. Of if a address I hereby confirm		<u></u>	o act in this capace ad complete perfo as registered age flect a change in een notified in wi	city. I furth ormance of nt as provi the registe riting of thi	er agree to my duties, ded for in red office is chänge.
(Signature of Registered Agent)	Joseph E. Shamy	•			
[∠] Divisio	on of Corporations, P.O	. Box 6327, Ta	llahassee, FL 32	2314	
INHS18(10/99)	FILING	G FEE: \$25.00			