

L000000007837

Florida Department of State

Division of Corporations

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Katherine Harris, Secretary of State

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To:

Division of Corporations

Fax Number : (850) 205-0380

From:

Account Name : AGENTS AND CORPORATIONS, INC

Account Number : I20010000112

Phone : (302) 575-0875

Fax Number : (302) 575-1642

REGISTERED AGENT CHANGE

POLLIN PATENT LICENSING, LLC

02 MAY 21 AM 9:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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: POLLIN PATENT LICENSING, LLC
2. The mailing address of the limited liability company is: 15235 Shady Grove Road
Suite 301, Rockville, MD 20850
3. Date of filing/registration in Florida July 3, 2000
4. Document number L00000007837

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

Robert E. Pollin
Name
830-13 A1A North, No. 248
Address
Ponte Vedra Beach, FL 32082
City, State and Zip

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

Agents and Corporations, Inc.
Name
Suite E, 773 4th Ave. North
Florida street address (P.O. Box NOT acceptable)
Naples FL 34102
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.

R E Pollin
(Signature of a member or authorized representative of a member)

Robert E. Pollin
(Printed or typed name of signer)

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.

David Williams
(Signature of Registered Agent)

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

FILING FEE: \$25.00

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