

LO/000002659

2005 JAN 10 P 3: 54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

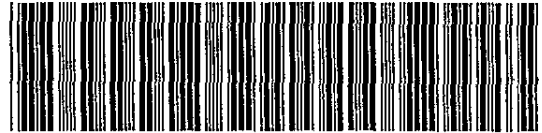
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To: Division of Corporations

NAME OF LIMITED LIABILITY COMPANY: Data Portals Project, L.L.C.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT NUMBER: L01000002659

The enclosed *Statement of change of Registered Office or Registered Agent for Limited Liability Company* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Lawrence H. Haber, P.A.
800 Celebration Avenue, Suite 227
Celebration, FL 34747

For further information concerning this matter, please call:

Lawrence H. Haber, Esquire at (407) 566-0181

Enclosed is a check for the following amount:

~~X~~ \$25 Filing Fee

Mailing Address

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

Street Address

Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399

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: Data Portals Project, L.L.C.
2. The mailing address of the limited liability company is : 20 N. Orange Avenue
14th Floor, Orlando, Florida 32801
3. Date of filing/registration in Florida 2/19/01 4. Document number LO1000002659

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

Dean Meade Services, LLC
Name
800 N. Magnolia, Suite 1500
Address
Orlando, FL 32803
City, State and Zip

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

Lawrence H. Haber, P.A.
Name
800 Celebration Avenue, Suite 202
Florida street address (P.O. Box NOT acceptable)
Celebration FL 34747
City, State and Zip

2005 JAN 10 PM 3:54
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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.

[Signature]
(Signature of a member or authorized representative of a member)

Robert W Pollack
(Printed or typed name of signee)

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.

[Signature]
(Signature of Registered Agent)

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