L01000002992

REAGAN WRELESS 3390 SW. 15TH STREET DEERFIELD BEACH, FL 33442		
	ıp/Phone	#)
, L PICK-UP	WAIT	MAIL
(Bus	iness Entity Nam	e)
(Document Number)		
Certified Copies	Certificates	of Status
Special Instructions to Filing Officer:		

Office Use Only



900014060419

03/17/03--01040--004 **25.00

W-2992



FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

March 18, 2003

IDHFT, LLC 3390 S.W. 15TH STREET DEERFIELD BEACH, FL 33442

SUBJECT: IDHFT, LLC Ref. Number: L01000002992

We have received your document for IDHFT, LLC and your check(s) totaling \$200.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 30 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Registration/Qualification Section
Division of Corporations Letter Number: 303A00016639

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:
2. The mailing address of the limited liability company is: 3390 SW 15 STRIFF
OEENFIELD BEACH FL 33442
1.14.03 60100002992
3. Date of filing/registration in Florida 4. Document number
5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:
MAMI CENTON PEGISTERIO AGENTS, LIC
MAMI EL 33/3/ City, State and Zip
MAMI ZL 33/3/ City, State and Zip
City, State and Zip 6. The name and address of the new registered agent and/or office:
DENEE KAUEMA
Name 3390 SW 15 ST OCERFIELD PCH FL 33482 ST Plorida street address (P.O. Box NOT acceptable)
FL 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.
(Signature of a member of authorized representative of a member)
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 auties, 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 of Registered Agent)
Division of Cornerations P.O. Bay 6327 Tallahassee El. 32314

FILING FEE: \$25.00

INHS18(10/99)