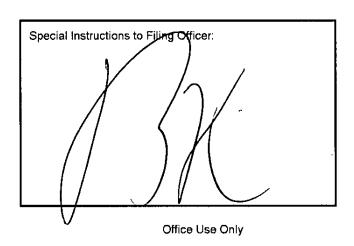
LU1000020253

	(Requestor's Name)					
	(Address)					
	(Address)					
	(City/State/Zip/Phone #)					
PICK-L	P WAIT MAIL					
	(Business Entity Name)					
(Document Number)						
Certified Copies	Certificates of Status					





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OF STATE
OF CORPORATION



ACCOUNT	NO.	:	072100000032

REFERENCE : 924040 7516469

AUTHORIZATION :

COST LIMIT :

	ORDER	DATE	:	May	30,	2007
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ORDER TIME : 1:32 PM

ORDER NO. : 924040-005

CUSTOMER NO: 7516469

CHANGE OF AGENT

NAME: INNER CIRCLE MARKETING, LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_ CERTIFIED COPY XX PLAIN STAMPED COPY

CONTACT PERSON: Heather Chapman -- EXT# 2908

EXAMINER:

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: <u>I</u>	NNER C	IRCLE MARKETIN	IG, LLC
2. The mailing address of the limit	ed liability com	pany is : <u>4</u>	902 CREEKSIDE D	DRIVE
SUITE C, CLEARWATER F	<u>L 33760-4033</u>	3		*
11/26/2001 3. Date of filing/registration in Flo	rida		L01000020253 4. Document number	
5. The name of the registered agent Florida Department of State:	and the register	red office a	ddress as shown on the	records of the
· · · · · · · · · · · · · · · · · · ·	MARILYN N	I C. PAX lame	TON	
<u>12421</u>	N FLORIDA Ad TAMPA I	ldress		SEC SEC
	City, St	ate and Zip		JUN-5 H
6. The name and address of the new	registered ager	nt and/or of	fice:	SSS
		^{me} iys Street		M 8: 28 SEE, FLORID
Tal	lahassee 1	FL	32301	· Þ
	City, Stat	e and Zip		
If the limited liability company is no confirmed that after the change or cand the business office of the regist liability company, it is hereby confort the members of the limited liability company agreement of the limited confirmed agreement of the limited liability company.	changes are mad ered agent will lirmed that the ch lity company or mited liability c	le, the Flori be identica hange(s) was as otherwi	da street address of the l. Or, in the case of a Fl as/were authorized by a	registered office lorida limited n affirmative vote
BRIAN FILLWEBER (Printed or typed name of signee)	<u> </u>			
I hereby accept the appointment as comply with the provisions of all st and I am familiar with and accept the Chapter 608, F.S. Or, if this document address, I hereby confirm that the least the second confirm that the least terms are the second confirmation.	s registered agen atutes relative to he obligations of nent is being file imited liability o	nt and agree the prope of my positi ed to merel company he	re to act in this capacity r and complete perform on as registered agent (v reflect a change in the us been notified in writi	. I further agree to ance of my duties, is provided for in registered office ng of this change.
(Signature of Registered Agent)		er Chapr its agen		

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00