

L02000022913

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100060656591

FILED
05 OCT 24 AM 8:58
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

05 OCT 24 PM 11:01
DIVISION OF REGISTRATION



CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 665165 7504895

AUTHORIZATION :

Patricia Pigute

COST LIMIT : \$ 25.00

ORDER DATE : October 21, 2005

ORDER TIME : 10:11 AM

ORDER NO. : 665165-005

CUSTOMER NO: 7504895

FILED
05 OCT 24 AM 8:58
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

CHANGE OF AGENT

NAME: I.D. INTERACTIVE LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

____ CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Darlene Ward -- EXT# 2935

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: I.D. INTERACTIVE LLC
2. The mailing address of the limited liability company is: ATTN: MICHAEL PARK
1801 S. FEDERAL HWY., STE 300, DELRAY BEACH, FL 33483

09/04/2002

L02000022913

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:

PARK, MICHAEL G ESQ.

Name

610 NORTH DIXIE HWY.

Address

LANTANA FL 33462

City, State and Zip

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

Corporation Service Company

Name

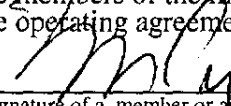
1201 Hays Street

Florida street address (P.O. Box NOT acceptable)

Tallahassee FL 32301

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 or authorized representative of a member)

MICHAEL G. PARK, AUTHORIZED REPRESENTATIVE
(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 of Registered Agent)

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

FILED
09 OCT 24 AM 8:58
TALLAHASSEE, FLORIDA
SECRETARY OF STATE