L02000022913

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SECRETARY OF STATE

ANALYSISE EL COM

COVER LETTER

Division of Corporations
SUBJECT: I.D. Interactive LLC (Name of Limited Liability Company)
Dear Sir or Madam:
The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Alina Silvers (Name of Person)
NRAI Services, Inc
(Firm/Company)
2731 Executive Park Drive Ste 4
(Address)
Weston, FI 33331
(City/State and Zip Code)
For further information concerning this matter, please call:
Alina Silvers <u>at (954</u>) 318-2787
(Name of Person) (Area Code & Daytime Telephone Number)
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301 MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
Enclosed is a check for the following amount:

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 of	company is: I.D. Interactive LLC		
2. The mailing address of the limited	l liability company is :	***	
1801 S. Federal Highway Ste. 300, Delr	ray Beach, Florida 33483	-	
09/04/2002	L02000022913		
3. Date of filing/registration in Florid	da 4. Document nun	4. Document number	
5. The name of the registered agent a Florida Department of State:	nd the registered office address as shown of	on the records of the	
Corporation	n Service Corporation Name		
1201 HAYS			
TALLAHAS	SSEE, FL 32301-2525 City, State and Zip	78 9	
6. The name and address of the new r	• *	FILED JUL -3 PH 12: 20	
NRAI Service	··· · · · · · · · · · · · · · · · · ·	SSET SSET	
0704 5	Name	True 5	
	utive Park Drive, Suite 4	OF N	
Florida St.	reet address (P.O. Box NOT acceptable)		
Weston	FL 33331		
	City, State and Zip		
confirmed that after the change or chand the business office of the register liability company, it is hereby confirm of the members of the limited liability or the operating agreement of the limited liability.	organized under the laws of the State of Fanges are made, the Florida street address of the agent will be identical. Or, in the case of the change of the ch	of the registered office	
(Signature of a member or authorized representat	ive of a member)		
Michael G. Park, MERM MER BEN (Printed or typed name of signee)	-		
I hereby accept the appointment as recomply with the provisions of all state and I am familiar with and accept the Chapter 608, F.S. Or, if this document address, I hereby confirm that the lim NRAI Services, Inc. (Signiture of Registered Agent) Karen Redman, Asst. Sec.	egistered agent and agree to act in this cap utes relative to the proper and complete pe e obligations of my position as registered a nt is being filed to merely reflect a change aited liability company has been notified in	pacity. I further agree to rformance of my duties, gent as provided for in in the registered office writing of this change.	

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