L02000027800

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
0					
Special Instructions to Filing Officer:					

Office Use Only



300020310183

06/05/03--01054--003 **50.00

Moh

OR HIN ZE DH 2: 11





Susan A. Kozman Trusts and Estate Department Drafting Specialist (954) 468-1707 kozmans@gtlaw.com

June 4, 2003

VIA FEDERAL EXPRESS

Department of State Division of Corporations 409 East Gaines Street Tallahassee, Florida 32399

Re:

U.S. Imaging Solutions, LLC (Document No. L02000035770)
U.S. Imaging Supplies, LLC (Document No. L02000027800)

Ladies and Gentlemen:

Please find enclosed a Statement of Change of Registered Office and Registered Agent for each of the above-referenced Florida limited liability companies to be filed with the Florida Department of State. Also enclosed is a check in the amount of \$50.00 in payment of these filings.

Should you have any questions, please feel free to contact me at (954) 468-1707.

Sincerely,

Susan A. Kozman

Legal Assistant

FBB/sak

Enclosures

cc: Michael R. Casey, Esq. (w/enc.)

\\Ri-srv0i\KOZMANS\420932v01\90SK01!.DOC\6/4/03\25485.020000

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 limite	d liability company is:	U.S. Ima	ging Supplies, LLC		
2. The mailing address of	the limited liability cor	npany is :	6500 NW 21st Ave	enue	
Fort Lauderdale, Florid			-		
October 21, 2002			L02000027800		
3. Date of filing/registration in Florida			4. Document number		
5. The name of the register Florida Department of	ered agent and the regist State: Michael R. Casey		address as shown on	the records of the	
	515 East Las Olas E	Name Boulevard,	Suite 1500		
	Fort Lauderdale, Flo	Address orida 3330 State and Z		D3 JUN	
6. The name and address			•	-5 FEE	
	Sean C. Guerin			P RPOF S	
	6500 NW 21st Aven	Vame iue		3: 11	
	Florida street address	(P.O. Box	NOT acceptable)	် က	
	Fort Lauderdale	FL 3330	9		
	City, St	tate and Zip)	· · · · · -	
If the limited liability come confirmed that after the cland the business office of liability company, it is her the members of the limite the operating agreement of the limite the operating agreement of supplies of a member of authors.	hange or changes are ma the registered agent wil reby confirmed that the d liability company or a	ade, the Flo Il be identic change(s) v s otherwise ompany.	rida street address of	f the registered office	
Sean C. Guerin					
(Printed or typed name of signee)					
I hereby accept the appo- comply with the provision and I am familiar with an Chapter 608, F.S. Or, if a address, I hereby confirm	intment as registered ag is of all statuies relative d accept the obligation this document is being f that the limited liabilit	gent and ag to the prop s of my posi iled to mero y company	ree to act in this cap per and complete per tion as registered as ely reflect a change i has been notified in	acity. I further agree to formance of my duties, yent as provided for in the registered office writing of this change.	
(Signature of Registered Agent)	<i>`</i>		-		

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

INHS18(10/99)

FILING FEE: \$25.00