Sent By: James V. Sadrianna, P.A.; Division of Corporations

407 351 1407;

Dec-14-02 3:26PM;

Page 1/2

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Florida Department of State

Division of Corporations Public Access System

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Division of Corporations ✓ Fax Number

; (850)205-0380

: JAMES V. SADRIANNA, P.A.

S Account Name Account Number : I20020000130 Phone

: (407)351-5033

Fax Number

: (407)351-1407

REGISTERED AGENT CHANGE

DATAMETRIXS, LLC

Certificate of Status	1
Certified Copy	0
Page Count	02
Estimated Charge	\$30.00

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ľ	STATEMENT OF CHA	INGE OF REGISTERED	OFFICE OR REGISTERED	AGENT OR
		THEOR LIMPTED LIA		

Pursuant to the provisions of liability company submits the agent, or both, in the State of	f sections 608.416 or 608.508, Florida Statutes, the undersigned limited following statement in order to change its registered office or registered Florida.
I. The name of the limited li	ability company is: DataMetrixs, LLC
	limited liability company is: 818 Wilkinson Street
Orlando, Florida 32803	
November 6, 2002	L02000029549
3. Date of filing/registration	in Florida 4. Document number
Florida Department of Stat	agent and the registered office address as shown on the records of Received to the record of Received to the records of Received to the record of Received to the records of Received to the record of Received to the records of Received to
<u></u> -	Name
11	2 Raymond Oaks Court Address
AJ	Address Earnonte Springs, FL 32701-7311
<u> </u>	City, State and Zip ⊜ ₩
6. The name and address of th	e new registered agent and/or office:
R	ston F. Shuman
	8 Wilkinson Street
	orida street address (P.O. Box NOT acceptable)
Or	lando _{PL} 32803
	City, State and Zip
confirmed that after the chang and the business office of the liability company, it is hereby the members of the limited lin the operating agreement of the	ear
(Signature of a member or authorized)	presentative of a member)
Robert T. Mueller, Manag	
(Printed or typed name of signee)	
Footan of Ohier	ent as registered agent and agree to act in this capacity. I further agree to all statutes relative to the proper and complete performance of my duties, cept the obligations of my position as registered agent as provided for in locument is being filed to merely reflect a change in the registered office the limited liability company has been notified in writing of this change.
(Signature of Registered Agent)	
Thirdisian of	Compensions D.O. Roy 6227 Tallabassaa El 27214

FILING FEE: \$25.00

DVHS18(10/99)

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