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| Certified Copies | Certificates | s of Status | | | | |
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| Supplied Instructions to 5 | Tiling Officer | | | | | |
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Office Use Only



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COVER LETTER

| TO: Registration Section Division of Corporations | | | | |
|--|--|--------------------------------------|--|--|
| SUBJECT: MSWEBPRO. L | | | | |
| (Name of I | Limited Liabili | ty Company) | | |
| Dear Sir or Madam: | | | | |
| The enclosed Registered Agent/Registered (| Office Change : | and fee(s) are submitted for filing. | | |
| Please return all correspondence concerning | | | | |
| Raymond G. Hickey | | | | |
| (Name of Person) | | _ | | |
| | \ | | | |
| Mr Tax of Gulf Breeze, Fl | L | <u>-</u> | | |
| (Firm/Company) | ' d. | | | |
| 913 Gulf Breeze Pkwy #5 | 5 | | | |
| (Address) | | . | | |
| | • | | | |
| Gulf Breeze, FL 32561 | | | | |
| (City/State and Zip Code) | | _ | | |
| | | | | |
| For further information concerning this matt | ter, please call: | | | |
| | | | | |
| Ray Hickey | _ at (<u>850</u> | <u>)</u> 934-4288 | | |
| (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 6327Tallahassee, Florida 32314 | | | |
| Enclosed is a check for the following | ng amount: | | | |
| \$25 Filing Fee | □ \$55 | 5 Filing Fee & Certified Copy | | |
| CK#3695 | | | | |
| INHS18 (8/05) | | | | |

· 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: | MS WEBF | PRO, LLC | | | | |
|--|---|---|---|---|---|--|--|
| 2. The mailing address of | the limited liability con | mpany is : | 124 Tobago Cour | t, Pensacola | , FL | | |
| 32506 | • | | | | | | |
| 12/17/02 3. Date of filing/registration in Florida | | | L02000033898 4. Document number | | | | |
| | | | | | | | |
| 5. The name of the registe Florida Department of | | tered office a | iddress as shown or | n the records o | f the | | |
| • | Business Filing | | orated | | | | |
| | 1203 Governor S | Name Square Blv | d, Suite 101 | | | | |
| | | Address | | 1 | _ | | |
| | Tallahassee, FL | . 32301 State and Zir | | SEC | FILED 06 DEC 11 PH 12: 25 | | |
| (TT) 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | • • | • | | 星光 |) F | | |
| 6. The name and address of | of the new registered ag | gent and/or of | 111ce: | NS. | 二三 | | |
| | Raymond G. Hi | ckey | | SEE C | ED PH | | |
| | _ | Name "5 | | 一二 | 912 | | |
| | 913 Gulf Breeze | | | <u> </u> | : 2 | | |
| | Florida street address | (F.O. DOX P | (OT acceptable) | DA DE | , 0, | | |
| | Gulf Breeze, | FL 3256 | <u> </u> | | | | |
| | City, St | tate and Zip | | | | | |
| If the limited liability come confirmed that after the cland the business office of liability company, it is her of the members of the limited or the operating agreement. (Signature of a member of authority) | nange or changes are marked the registered agent with reby confirmed that the nited liability company at of the limited liability | ade, the Flor ill be identical change(s) we or as otherway company. | ida street address o | of the registered of a Florida lim | d office ited | | |
| Melissa Steward | | | | | | | |
| (Printed or typed name of signee) | | | | | | | |
| I hereby accept the apportunity with the provision and I am familiar with an Chapter 608, F.S. Or, if the address, I hereby confirm (Signature of Registered Agent) | intment as registered as sof all statutes relative d accept the obligations his document is being f that the limited liabilit | gent and agree to the prope s of my posit liled to merel y company h | ee to act in this cap er and complete per jon as registered as y reflect a change i as been notified in | acity. I furthe rformance of m gent as provide in the registere writing of this | r agree to sy duties, ed for in ed office change. | | |

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