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## 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: Matrix Network Orlando, LLC.
2. The mailing address of the limited liability company is: 20 North Orange Avenue
Suite 1400, Orlando, FL 32801 US
10/14/2003 LD3000039245
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:
Dean Mead Services, LLC Name
800 N. magnolia Avenue, Suite 1500
Orlando, FL 32803 City, State and Zip
6. The name and address of the new registered agent and/or office:
Law Offices of Lawrence H. Haber F. A.
715 Bloom Street Suite ZOOA
Florida street address (P.O. Box NOT acceptable)
Celebration FL 31747 ZE P
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)
Lawrence H. Haber
(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)

FILING FEE: \$25.00

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