Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)

; (850)617-6383

From:

Account Name : PARANET CORPORATION SERVICES,

Account Number : I20090000069

Phone : (800)277-9977

Fax Number

: (800)815-0477

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: ARIVERA @ PARANETLEGAL.COM

## LLC REGISTERED AGENT CHANGE FLORIDA INTERACTIVE, LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$25.00

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CRETARY OF STATE
LAHASSEE, FLORIE

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Corporate Filing Menu

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	COVER LETTER	
TO: Registration Section Division of Corporations		
, 1400	Ilorida Interactive, LLC	
Name (	of Limited Liability Company	
Dear Sir or Madam:		
The enclosed Registered Agent/Registered	d Office Change and fee(s) are submitted for fi	iling,
Please return all correspondence concerni	ng this matter to the following:	
Eileen Chaddock		
Name of Person		
Format Constitution Constitution		
Paranet Corporation Service	s, Inc.	
3675 Crestwood Parkway, Su	ito SED	
Address	ille 350	
Duluth, GA 30096		
City/State and Zip Code		
EILEEN@PARANETLEGAL B-mail address: (to be used for future annual repo	.COM	
For further information concerning this ma	atter, please call:	
Eileen Chaddock	at ( 800 ) 277-9977	
Name of Person	Area Code & Daytime Telephone Numb	er
STREET/COURIER ADDRESS:	MAILING ADDRESS:	
Registration Section	Registration Section	
Division of Corporations	Division of Corporations	ASE.
Clifton Building	P.O. Box 6327	<u> </u>
2661 Dyanistica Camera Chini.	Tallahassee, Florida 32314	ŧΩ
2661 Executive Center Circle Tallabassee, Florida 32301		127
Tallahassee, Florida 32301		SSA
	ring amount:	ARY O
Tallahassee, Florida 32301	ring amount:  \$55 Filing Fee & Certified Copy	ARY OF S

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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 608.5 liability company submits the following statement in order agent, or both, in the State of Florida.	08, Florida Statutes, the undersigned limited or to change its registered office or registered	
Name of the limited liability company:	Florida Interactive, LLC	
2. (a) Principal office address of limited liability company	y: 25501 W. Valley Parkway	
(Note: MUST BE STREET ADDRESS)	Suite 300 Olathe, KS 66061	
(b) Mailing address of limited liability company:	25501 W. Valley Parkway	
(Note: MAY BE POST OFFICE BOX)	Suite 300 Olathe, KS 66061	
10/27/2003	L03000041737	
3. Date of filing/registration in Florida	4. Document number	
5. (a) Registered Agent and Registered Office shown on	the records of the Florida Dept. of State:	
Registered Agent:	C T Corporation System	
Registered Office Address:	1200 South Pine Island Road Plantation, FL 33324 US	
NEW Registered Agent: NEW Registered Office Address:	NRAI Servicos, Inc. 515 East Park Avenue	
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)		
	Tallahassee ,PL 32301	
If the limited liability company is not organized under the confirmed that after the change or changes are made, the F and the business office of the registered agent will be ident liability company, it is hereby confirmed that the change(s) of the members of the limited liability company or as other or the operating agreement of the limited liability company.  Signeture of a member of althorized representative of a member	orida street address of the registered office	
William F. Bradley, Jr. Manager Printed or typed name of siguee	-	
I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the program I am familiar with and accept the obligations of my po. Chapter 608, F.S. Or, if this document is being filed to the address, I hereby confirm that the limited liability company NRAL Services, Inc.  Signature of Registered Agent Bileen Chaddock, Special Assistant Secretary	gree to act in this capacity. I further agree to per and complete verformance of my duties, lition as registered agent as provided for in all reflect a change in the registered office in as been notified in writing of this change.	
Division of Corporations, P.O. Box 632 FILING FEE: \$2	_ '	

**FILING FEE: \$25.00** 

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