_04000015763

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ACCOUNT NO. : 072100000032
REFERENCE : 521454 7527475
AUTHORIZATION CAPUBBLE NAT.
COST LIMIT : \$ 35.00
ORDER DATE: October 12, 2006
ORDER TIME : 9:25 AM
ORDER NO. : 521454-130
CUSTOMER NO: 7527475
CHANGE OF AGENT
NAME: WORLDSTREET, LLC
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:
CERTIFIED COPY NEXT PLAIN STAMPED COPY
CONTACT PERSON: Denise Mick EXT# 2950
TYNTHP.

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

*Pursuant to the provisio liability company submit agent, or both, in the Stat	s the following statemen	or 608.508, nt in order to	Florida Statutes, change its regist	the undersigned limited ered office or registered		
1. The name of the limite	ed liability company is:	WORLDSTRE	ET, LLC			
2. The mailing address of	f the limited liability cor	mpany is: _1	001 E. Telecom Dr., E	Boca Raton, FL 33431		
	<u> </u>	<u>#</u>				
February 27, 2004			L04000015763			
3. Date of filing/registrat	ion in Florida	4	. Document numb	per		
5. The name of the register Florida Department of	ered agent and the regist State:	tered office ad	ldress as shown or	the records of the		
	Day	vid M. Shaw				
		Name		-		
249 Royal Palm Way, Suite 501						
Address Palm Beach, FL 33480						
		State and Zip				
6. The name and address	• ,	•	fice:	RY DI SIAN		
Corporation Service Company						
	Name 1201 Hays Street			ORIUS ORIUS		
Florida street address (P.O. Box NOT acceptable)						
	Tallahassee	FL .	32301			
	City, St	ate and Zip		<u> </u>		
If the limited liability corr confirmed that after the ch and the business office of liability company, it is her of the members of the lim or the operating agreemen	nange or changes are ma the registered agent will reby confirmed that the nited liability company of	ide, the Florid I be identical. change(s) was or as otherwis	la street address of Or, in the case of s/were authorized to provided in the a	f the registered office f a Florida limited by an affirmative vote		
Maure	-un-			e e e e e e e e e e e e e e e e e e e		
(Signature of a/member or authori	zed representative of a member)				
Maureen Cullen, Authorized P	erson					
(Printed or typed name of signee)						
I hereby accept the appoing comply with the provision, and I am familiar with and Chapter 608, F.S. Or, if the address, I hereby confirm	ntment as registered ag s of all statutes relative d accept the obligations his document is being fi that the limited liability	ent and agree to the proper of my positio led to merely company has	e to act in this cape and complete per n as registered ag reflect a change u s been notified in v	acity. I further agree to formance of my duties, ent as provided for in the registered office writing of this change.		
(Signature of Registered Agent)	Whis Opennet Assistant Wa					

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