





200074440682

05/15/06--01030--036 **25.00

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:	Direct Mail Systems Philanthropic
2. The mailing address of the limited liability comp	any is: 12450 Automobile Blvd.
	Clearwater, FZ 33762.
3. Date of filing/registration in Florida	<u>LO4CCCO 25393</u> 4. Document number
5. The name of the registered agent and the registere Florida Department of State: G. Bary Will	d office address as shown on the records of the
696 First Ave Add St. Petershurg City, Su	Tress FL 3370 A SECTION A
6. The name and address of the new registered agent	O'
Gary Muller Nan 12450 Automo Florida street address (P	Dile Blud O. Box NOT acceptable) Part of the property of the
<u>Chamater</u> F City, State	L 33760 and Zip
If the limited liability company is not organized und confirmed that after the change or changes are made and the business office of the registered agent will b liability company it is hereby confirmed that the choof the members of the limited liability company or or the operating agreement of the limited liability confirmed that the choof the members of the limited liability confirmed that the choof the members of the limited liability confirmed that the choof the members of the limited liability confirmed that the choof the members of the limited liability confirmed that the choof the members of the limited liability confirmed that the choof the members of the limited liability confirmed that the choof the members of the limited liability confirmed that the choof the members of the limited liability confirmed that the choof the members of the limited liability confirmed that the choof the members of the limited liability company or a solution of the limited liability confirmed that the choof the members of the limited liability company or a solution of the limited liability confirmed that the choof the limited liability company or a solution of the limited liability confirmed that the choof that the choof the limited liability confirmed that the choof the limited liability confirmed that the choof that the choof the limited liability confirmed that the choof that the choof the limited liability confirmed that the choof that the choof the limited liability confirmed that the choof	the Florida street address of the registered office e identical. Or, in the case of a Florida limited
(Printed or typed name of signee)	
	t and agree to act in this capacity. I further agree to the proper and complete performance of my duties, my position as registered agent as provided for in I to merely reflect a change in the registered office ompany has been notified in writing of this change.

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

e 47