

David L. Boucher 9124 Paisley Ct. Jacksonville, FL 82257		
(Address)		
(City/State/Zip/Phone #)		
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05/18/05--01032--010 **25.00



STATEMENT OF CHANGE OF REGISTERED OFFICE OF 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:	dlb Technology Consulting, LLC
2. The mailing address of the limited liability cor	
Jacksonville, FL 32257	
May 14, 2004	L0400036628
3. Date of filing/registration in Florida	4. Document number
5. The name of the registered agent and the regist Florida Department of State:	ered office address as shown on the records of the
Corporation Service	Company
1201 Hays Street	Name
Tallahassee, FL 323	
City, S	State and Zip
6. The name and address of the new registered ag	ent and/or office:
David L. Boucher	
9124 Paisley Court	Name
Florida street address	(P.O. Box NOT acceptable)
Jacksonville	FL 32257
City, St	tate and Zip
and the business office of the registered agent wil	ade, the Florida street address of the registered office libe identical. Or, in the case of a Florida limited change(s) was/were authorized by an affirmative vote of as otherwise provided in the articles of organization or empany.
David L. Boucher	
(Printed or typed name of signee)	
I hereby accept the appointment as registered ag comply with the provisions of all statutes relative and I am familiar with and accept the obligations Chapter 608, F.S. Or if this document is being f address, I have by confirm that the limited liability	gent and agree to act in this capacity. I further agree to to the proper and complete performance of my duties, s of my position as registered agent as provided for in filed to merely reflect a change in the registered office y company has been notified in writing of this change.

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

FILING FEE: \$25.00

(Signature of Registered Agent)