## 104000046686

| (Requestor's Name)  (Address)  (Address)  (City/State/Zip/Phone #) |
|--|
| (Address)  (City/State/Zip/Phone #)                                |
| (City/State/Zip/Phone #)   |
| (City/State/Zip/Phone #)   |
|  |
|  |
| PICK-UP WAIT MAIL  |
| (Business Entity Name)   |
| (Document Number)  |
| Certified Copies Certificates of Status                            |
| Special Instructions to Filing Officer.                            |
|  |
|  |
|  |
|  |

Office Use Only



200038341482

06/30/04--01026--027 \*\*50.00

Wy Helelle CP\$55.00

## LAW OFFICE OF ALEIDA ORS WALDMAN, P.A.

| ALEIDA ORS WALDMAN, Esq. | 440 SOUTH ANDREWS AVENUE<br>FORT LAUDERDALE, FLORIDA 33301 |
|--------------------------|--|
| TELEPHONE (954) 524-1100 | 100001000  |
| TELEFAX (954) 524-0008   | AOWPA@GSTA.NET   |

June 29, 2004

## **VIA FEDERAL EXPRESS**

Secretary of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Re:

Formation of Offsite Data Storage

Our File No. 1416.03

Dear Secretary of State:

Enclosed please find the original executed Amended Articles of Organization and Statement of Change of Registered Office or Change of Registered Agent for a Limited Liability Company in connection with the above-cited limited liability company.

In addition to the original, sealed Amended Articles of Organization, please return to my office a copy of the Certificate of Status showing the Amendments of the Association.

Finally, I have also enclosed checks in the amount of \$50.00 to cover the registration fee for the Amended Articles, registered Agent change and a check in the amount of \$8.75 for the cost for the Certificate in connection herewith.

Your prompt attention to this matter will be greatly appreciated.

Willietman /K

ALEIDA ORS WALDMAN

AOW/nl

Enclosures

H:\m\c\green 1416.03\formation of Offsite Data Storage\Secretary of State L01.doc

## 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.

| agent, or both, in the State of Florida.  |
|---|
| 1. The name of the limited liability company is: Offsite Data Storage, LLC.   |
| 2. The mailing address of the limited liability company is: COAleido Ors Waldman, Pr  |
| 440 South Andrews Avenue, Ft. Lauderdale, FL 3330   |
| 6/22/04 L04000046686  |
| 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:   |
| Corporation Service Company   |
| 1201 Houses Street  |
| Address   |
| Tallaliassee, Ft 32301 City, State and Zip  |
| 6. The name and address of the new registered agent and/or office:  |
| 6. The name and address of the new registered agent and/or office:  Aleida Ors Waldman, P.A.  |
| HUC & Order N. Gov. O   |
| Florida street address (P.O. Box NOT acceptable)  |
| Ft. Lauderdale FL 33301   |
| 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) |
|   |
| PARREN RENNICK (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 auties, 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.  |

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

INH\$18(10/99)

(Signature of Registered Agent)

**FILING FEE: \$25.00**