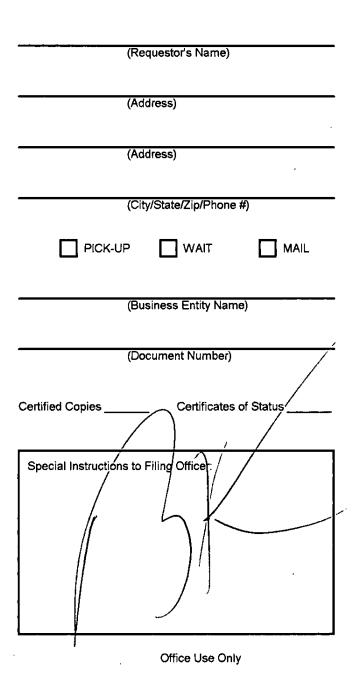
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SECRETARY OF STATE



ACCOUNT NO. : 072100000032
REFERENCE : 164251 7529513
AUTHORIZATION : Sould be man
COST LIMIT : 25.00
·
ORDER DATE : June 8, 2006
ORDER TIME: 9:06 AM
ORDER NO. : 164251-010
CUSTOMER NO: 7529513
ري - المركب
CHANGE OF AGENT
P P
NAME: EMAIL DISCOUNT NETWORK LLC
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:
XX PLAIN STAMPED COPY
·
CONTACT PERSON: Amanda Haddan EXT# 2955

EXAMINER: ____

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:	EMAIL DISCOUNT NETWORK LLC
2. The mailing address of the limited liability com	pany is:
1844 Nob Hill Road, #142, Plantation, FL 33322	
hub. 21, 2004	
July 21, 2004	L04000054089
3. Date of filing/registration in Florida	4. Document number
5. The name of the registered agent and the registe Florida Department of State:	red office address as shown on the records of the
	thein Itai
<u> </u>	Name
1844 Nob	Hill Road, #142
A	ddress
Plantation	on, FL 33322
City, Si	rate and Zip
6. The name and address of the new registered age	Hill Road, #142 ddress on, FL 33322 rate and Zip int and/or office: Service Company ime ays Street
Corporation S	Service Company
,	me Fo ?
	ays Street 97
Florida street address (P.O. Box NOT acceptable)
Tallahassee	FL 32301
City, Sta	te and Zip
and the business office of the registered agent will liability company, it is hereby confirmed that the coof the members of the limited liability company or or the operating agreement of the limited liability company or	le, the Florida street address of the registered office
(Signature of a member or authorized representative of a member)	
1TAI KATHEIN	· · · · · · · · · · · · · · · · · · ·
(Printed or typed name of signee)	
I hereby accept the appointment as registered ages comply with the provisions of all statutes relative to and I am familiar with and accept the obligations of Chapter 608, F.S. Or, if this document is being file address, I hereby confirm that the limited liability of	nt and agree to act in this capacity. I further agree to o the proper and complete performance of my duties, of my position as registered agent as provided for in ed to merely reflect a change in the registered office company has been notified in writing of this change.
Laura R. Dura R.	Dunlap
(Signature of Registered Agent) Aget V	

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