Florida Department of State

Division of Corporations Public Access System

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P.501/002 F-010

REGISTERED AGENT CHANGE

MOVINGMADEFREE, COM, LLC

Certificate of Status	0
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MAY 1 2 2006 N. Outflown

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

50.1.	# 10x finities fixer	HI COMPANI		
Pursuant to the provisions of liability company submits the fagent, or both, in the State of Fl	sections 608.416 or 608.50 ollowing statement in order lorida.	8, Florida Statutes, the unders to change its registered office	signed limited or registered	
1. The name of the limited liabi	ility company is: MOVINGIV	MADEFREE.COM, LLC	······································	
2. The mailing address of the li	mited liability company is:	1447 Harbour Walk Road, To	ampa, ,	
FL 33502		···		
07/26/2004		L04000055274		
3. Date of filing/registration in	Date of filling/registration in Florida 4. Document number			
5. The name of the registered as Florida Department of State:		address as shown on the record	is of the	
	iam-Kalish Name		· · ₋	
<u>100</u>	S. Ashley Drive, Suite 1 Address	1500	SE S	
Tam	npa, FL 33602		OG MAY SECRE)	
	City, State and Z	-	三二二	
6. The name and address of the	new registered agent and/or	office:		
American Information Services, Inc.		当 生 D		
401	Name E. Jackson Street, Suite	e 1700	9: 02 STATE STATE	
	rida street address (P.O. Box		SH X	
Tam	ipa, <u>FL</u> 336	102		
City, State and Zip				
If the limited liability company confirmed that after the change and the business office of the reliability company, it is hereby cof the members of the limited lor the operating agreement of the	or changes are made, the Flo agistered agent will be identi- confirmed that the change(s) liability company or as other he limited liability company.	orida street address of the regist cal. Or, in the case of a Florida was/were authorized by an affir wise provided in the articles of	tered office limited mative vote	
(Signature of a member by authorized rep		•		
Brian D. Wexter, Managing (Primed or typed name of signes)	Member	•	•	
XD/OU X.	ill statules relative to the pro- ept the obligations of my pos- ocument is being filed to mer the limited liability company	tree to act in this capacity. I ful per and complete performance lition as registered agent as pro ely reflect a change in the regis has been notified in writing of	rther agree to of my duties, vided for in sigred office this change.	
Deborah L. Evans Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00				
INHS18 (8/05)				
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