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LAW OFFICE

ERIC H. SOMMER, P.A.

1231 North Orange Avenue, Suite B Orlando, Florida 32804 Telephone: (407) 447-4541 Facsimile: (407) 447-6384 www.ehslawoffice.com

Eric H. Sommer, Esquire
Also admitted in Tennessee
E-mail: ehs@ehslawoffice.com

April 18, 2005

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

Re: Targeted Solutions, LLC

Our File No. 11-1

Dear Sir or Madam:

Enclosed please find the original Statement of Change of Registered Agent for Limited Liability Company, along with our firm's check in the amount of \$25.00 made payable to the Department of State to cover the filing fee for same.

Should you have any questions or need additional information, please do not hesitate to contact me or my paralegal, Terii Lopez.

Very truly yours,

Eric H. Sommer, Esq.

EHS/tl Enclosures

cc: Mr. Thomas C. Marnane S:\CLIENTS\TARGETED SOLUTIONS\Div of Corp re change RA.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.

1. The name of the limite	ed liability company is	: TARGE	TED SOLUTIONS	S, LLC	
2. The mailing address o	f the limited liability c	company is:	1273 Quail Walk	Drive,	
Altamonte Springs, Flo		<u></u>		<u></u>	
11/10/2004			L04000081706		
3. Date of filing/registration in Florida			4. Document nur	mber	
5. The name of the register Florida Department of			e address as shown	on the records of the	
	1273 Quail Walk I	Name Orive		•	
	Altamonte Springs	Address s, Florida 32 v, State and 2		THE CORPORATION AND SEE, FLOW	
6. The name and address	of the new registered	agent and/or	office:	PR21 PR	
Erîc H. Sommer, Esq., Eric H. Sommer, PA					
	1231 N. Orange Ave., Ste. B				
	Florida street addre	ss (P.O. Box	NOT acceptable)	\$	
	Orlando	FL 328	04		
	City,	State and Zi	p		
If the limited liability conconfirmed that after the cand the business office of liability company, it is he the members of the limite the operating agreement of the limited of the operating agreement of the operation of	hange or changes are a fine registered agent wereby confirmed that the diability company of the limited liability	made, the Flowill be identing change(s) as otherwise company.	orida street address cal. Or, in the case was/were authorize	of the registered office of a Florida limited d by an affirmative vote of	
Thomas C. Marnane					
(Printed or typed name of signee			-		
I hereby accept the appo comply with the provision and I am familiar with an Chapter 508, F.S. Or, if address, I hereby confirm (Signature of Redistered Agent)	intment as registered ns of all statutes relati nd accept the obligatio this document is being n that the limited liabi	agent and as ve to the pro ons of my pos g filed to men lity company	gree to act in this co per and complete p sition as registered rely reflect a chang has been notified i	apacity. I further agree to berformance of my duties, agent as provided for in e in the registered office n writing of this change.	

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

INHS18(10/99)

FILING FEE: \$25.00