L04000084260

(Re	questor's Name)				
(Ad	dress)				
(Ad	dress)				
ָ (Cit	y/State/Zip/Phone #)				
PICK-UP	☐ WAIT ☐ MAIL				
(Bu	siness Entity Name)				
(Do	ocument Number)				
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ION SERVICE COMPANY					
	ACCOUNT NO.	:	0721000000	32	
	REFERENCE	:	210684	7529513	
	AUTHORIZATION	:	Levello de		
	COST LIMIT	:	\$ (25.00	ena	
ORDER DATE : 3	Tune 28. 2006			خ	500 TO
ORDER TIME :					336.6
ORDER NO. : 2	10684-025				
CUSTOMER NO:	7529513				
	CHANGE OF A	GEN	<u>T</u>		
NAME:	RESIDENTIAL E	MAI	L LLCLC		
PLEASE RETURN T	THE FOLLOWING AS	PR	OOF OF FILI	NG:	
CERTIFI					
XX PLAIN S	TAMPED COPY				
CONTACT PERSON:	Heather Chapm	an	EXT# 290	18	
				-	

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 limite	d liability company is	s: RESIDENTIA	L EMAIL LLC					
2. The mailing address of	the limited liability of	company is:		·				
8201 Peters Road, Suite 1000,	Plantation, FL 33324							
November 19, 2004			L04000084260					
3. Date of filing/registration in Florida		4. Document number						
5. The name of the register Florida Department of S	red agent and the reg State:	istered office ac	ddress as shown o	on the records of the				
1		echezkell Eyal						
		Name						
	8201 Pe	eters Road, Suite 1	000	500 O				
	D1	Address		TO BE WITH				
		ntation, FL 33324 , State and Zip		OS AUG				
6. The name and address of the new registered agent and/or office:								
Corporation Service Company Name								
Name OF O								
1201 Hays Street								
Florida street address (P.O. Box NOT acceptable)								
	Tallahassee	FL	32301					
	City,	State and Zip						
If the limited liability comconfirmed that after the chand the business office of liability company, it is her of the members of the lim or the operating agreement	nange or changes are the registered agent were the registered agent when the	made, the Florical will be identical ne change(s) was	da street address Or, in the case s/were authorize	of the registered office of a Florida limited d by an affirmative vote				
(Signature of a member or authori	zed representative of a mem	iber)						
(Printellor typed name of signee)	ethell							
I hereby accept the appoint comply with the provision and I am familiar with an Chapter 608, F.S. Or, if the address, I hereby confirm (Signature of Registered Agent)	R-1/ans	10	e to act in this ca r and complete p on as registered o reflect a change is been notified in	pacity. I further agree to erformance of my duties, igent as provided for in in the registered office writing of this change.				

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