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## FLORIDA DEPARTMENT OF STATE 2386 JAN -3 P 2: 22 Division of Corporations

SECRETARY OF STATE TALLAMASSET, FLORIDA

December 16, 2005

JOHN J. DONATO 5920 GULF TO MEXICO DR. LONGBOAT KEY, FL 34228

SUBJECT: LEVEL PAR INTERNET SERVICES LLC

Ref. Number: L04000089704

We have received your document for LEVEL PAR INTERNET SERVICES LLC. However, the document has not been filed and is being returned for the following:

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6094.

Agnes Lunt Document Specialist

Letter Number: 305A00072360

## **COVER LETTER**

TO: Registration Section Division of Corporations	FILED
SUBJECT: Level Pan Intervet Services, (Name of Limited Liability Company)	2006 JAN -3 P 2: 22  LECKER BY DE STATE  TALLAMATINES, PLORIDA
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Change and fee(s) are s	submitted for filing.
Please return all correspondence concerning this matter to the following:	
Name of Person)  Level Par Internet Services, LLC  (Firm/Company)  P.O. Box 166.  (Address)  Lougboat KEY, FL 34228	
City/State and Zip Code)	
at (	504 - 4987 Daytime Telephone Number)
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301  MAILING ADDRE Registration Section Division of Corporate P.O. Box 6327 Tallahassee, Florida 32301	ions
Enclosed is a check for the following amount:	
\$25 Filing Fee \$3500 Was PAID 12/14/05 PLEASE SEND THE FILE ADDRESS LISTED ABOVE	Certified Copy DO REFUND TO THE VE.

INHS18 (8/05)

## 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: LEVEL PAR INTERPET SERVICES, LL
2. The mailing address of the limited liability company is:
P.O. Box Ilde
LONGBOAT KEY, FL 34228 H04000243750  3. Date of filing/registration in Florida  4. Document number
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:  AGENTS & CORPORATIONS, INC.
Florida Department of State:  AGENTS & CORPORATIONS, INC.  SUITE E, 773 4774 AVE N  Address  NAPLES, FL 34102  City, State and Zip
NAPLES, FL 34102
6. The name and address of the new registered agent and/or office:
JOHN J. DONATO
5920 GULF OF MEXICO DR
Florida street address (P.O. Box NOT acceptable)
Longboat Key FL 34228  City, State and Zip
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.  (Signaple of a member of authorized representative of a member)
JOHN J DOWATO
(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 duties, 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.  (Signamur of Registered Agent)

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