

| (Re | questor's Name) | |
|-------------------------|-------------------|-------------|
| (Ad | dress) | |
| (Ad | dress) | |
| (Cit | y/State/Zip/Phoni | e #) |
| PICK-UP | WAIT | MAIL MAIL |
| (Bu | siness Entity Nar | me) |
| (Do | cument Number) | |
| Certified Copies | _ Certificates | s of Status |
| Special Instructions to | Filing Officer: | |
| | | |
| | | |
| | | |
| | | 9-29 |
| | Office Use On | MX (WX) |



09/19/06--01028--001 **25.00

COVER LETTER

| TO: Registration Section Division of Corporations | |
|--|---|
| SUBJECT: Intelligent Voice Research (Name of | Arch, LLC Limited Liability Company) |
| Dear Sir or Madam: | |
| The enclosed Registered Agent/Registered | Office Change and fee(s) are submitted for filing. |
| Please return all correspondence concerning | g this matter to the following: |
| Roger E. Barton, Esq. | 06 |
| (Name of Person) | SE SE |
| Barton Barton & Plotkin LLP (Firm/Company) | OF SEPA 19 AM 11: 15 SECRETARY OF STATE FLORIDA |
| 420 Lexington Ave. | 984 -5 |
| (Address) | |
| New York, NY 10170 (City/State and Zip Code) | |
| For further information concerning this matt | ter, please call: |
| Roger E. Barton, Esq. | _at (212) 687-6262 |
| (Name of Person) | (Area Code & Daytime Telephone Number) |
| STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301 | MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314 |
| Enclosed is a check for the following | ng amount: |
| \$25 Filing Fee | \$55 Filing Fee & Certified Copy |

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.

| agent, or voin, in the State of Florida. | | |
|---|--|----------|
| 1. The name of the limited liability company | is: Intelligent Voice Research, LLC | - |
| 2. The mailing address of the limited liability | company is : c/o Barton Barton & Plotkin LLP, | |
| 420 Lexington Ave., New York, NY 10170 | | |
| 01/04/05 | L05000001068 | |
| 3. Date of filing/registration in Florida | 4. Document number | |
| The name of the registered agent and the registered agent and the registered agent and the registered. | gistered office address as shown on the records of the | |
| Joseph Nichols | son | |
| | Name | |
| 1614 NE 3rd Co | ourt 8 | |
| | Address EG S | |
| Ft. Lauderdale, | FL 33301 异 | <u> </u> |
| Cit | ty, State and Zip | ŢŢ |
| 6. The name and address of the new registered | Name Ourt Address FL 33301 ty, State and Zip I agent and/or office: Olson, c/o Michael Gasior Name | |
| Joseph J. Nicho | olson, c/o Michael Gasior | |
| 4400 NT 4045 A. | Name Grid | O. |
| 1100 NE 12th Av | | |
| Florida street addre | ess (P.O. Box NOT acceptable) | |
| Ft. Lauderdale, | FL 33304 | |
| City | , State and Zip | |
| confirmed that after the change or changes are and the business office of the registered agent liability company, it is hereby confirmed that t | ed under the laws of the State of Florida, it is hereby made, the Florida street address of the registered office will be identical. Or, in the case of a Florida limited the change(s) was/were authorized by an affirmative vote my or as otherwise provided in the articles of organization lity company. | |
| Signature of a member or authorized representative of a mer | mher) | .::=**** |
| Common Di a member of dand red representative of a fine. | | |
| Roger E. Barton, Esq. | | _ |
| (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 anifamiliar 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.

(Signature of Rogistered Agent)

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