FILED Apr 28, 2008 8:00 am Secretary of State 04-04-2008 90139 011 ***138.75

2008 LIMITED LIABILITY COMPANY

1. Entity Name DOMAIN SERVICES INTERNATIONAL, LLC			·-	
Principal Place of Business	Mailing Address	<u>. t.</u>	1	
103 N. ATLANTIC AVE.	103 N. ATLANTIC AVE.		20005007	
COCOA BEACH, FL 32931	COCOA BEACH, FL 329	31	30005007	
			LITTOLIAN ON TOTAL ON TOTAL ON OTHER CAND COME TOTAL COLOR COLOR	III NA RA
2. Principal Place of Business - No P.O. Box AUC.		ando Ave	-	
Suite, Apt. #, etc.	Suite, Apt. #, etc.		03272008 Chg-LLC CR2E083 (12/06)	
Cocoa Beach FL	COCOA BO	each FL		oplied For ot Applicable
32931 Brevard	32931	Breward	5. Certificate of Status Desired 55.00 Address Require	
6. Name and Address of Current F	Registered Agent	Name /	7. Name and Address of New Registered Agent	
GORDON, JASON M 103 N. ATLANTIC AVE. COCOA BEACH, FL 32931		Street Address	(P.O. Bax Number is NovAcceptable) Ave	
	1	City COO	on heach FI 4988	₽2 /
8. The above named early submits this statement for the gurpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept				
the obligations of registered agent. SIGNATURE JASON M. GORDON 04/01/2008				
Signatura, typed or printed name of regulared agon a	ng title il applicable. (NOTE	Registered Agent signature require	d where remarkating) DATE	
FILE NOWIII FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75			Make check payable to Florida Department of Stati	a .
9. MANAGING MEMBEI	TS/MANAGERS	10.	ADDITIONS/CHANGES	<u> </u>
TITLE MGRM	☐ Delete	TITLE MC	Charge	Addition
NAME ADSANDBIDS.COM, INC. STREET ADDRESS 2340 86TH ST.		STREET ADDRESS	TA) Crando Ave	
CITY-ST-ZIP BROOKLYN, NY 11214			COA Beach FL 32931	
ть	☐ Detete	TITLE	Change	☐ Addition
NAME		NAME		
STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP		
TITLE	☐ Delate	TITLE	Change	Addition
HAME		NAME		_
STREET ADDRESS		STREET ADDRESS		
CITY-ST-ZIP		CITY-ST-ZIP	Change	Addition
TITLE NATRE	Oelete	TITLE		
STREET ADDRESS		STREET ADDRESS		
CITY-ST-ZIP		CITY-SI-ZIP		
TITLE	Delete	TITLE	Change	Addition
STREET ADDRESS		STREET ADDRESS		
CITY-ST-ZIP		CITY-ST-ZIP	·	
IME	Ociete	TITLE	☐ Change	Addition
NAME STREET ADDRESS		NAME STREET ADDRESS		
CITY-ST-ZIP		CITY-ST-ZIP		
11. I hereby certify that the information supplied with this tiling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the regarded or trustee empowered to exerct this report as required by Chapter 608. Florida Statutes.				
() (MA A aulalana 271 1700 LIMAN				
SIGNATURE: SIGNATURE AND TYPED ON PRINTED HAME OF SICHNIC MANAGEM REMBER, MANAGER OR AUTHORIZED REPRESENTATIVE Date Owners Prove #				