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SECRETARY OF STATIONS
DIVISION OF CORPORATIONS
OF OCT 23 PM 12: 10

J. BRYAN OCT 2 4 2006

COVER LETTER

es LLC nited Liability Company)	_
ice Change and fee(s) are submitted for f	īling.
s matter to the following:	
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23	12: 10
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please call:	
(918 <u>434-3318</u> (Area Code & Daytime Telepl	_ hone Number)
MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314	
	,
	ce Change and fee(s) are submitted for fis matter to the following: 23 please call: (918

TO: Registration Section

'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.

,	-5 =			
1. The name of the limited	liability company is:	C-Cure Netw	ork Services LLC	
2. The mailing address of t	he limited liability con	npany is : <u>510</u>	3 South Sheridan Ro	oad, Suite 223
Tulsa, OK 74145				
Toron, Transport			<u> </u>	
01/21/2005		<u>L</u> (05000007011	
3. Date of filing/registratio	n in Florida	4.	Document number	
5. The name of the registere Florida Department of St		ered office add	lress as shown on the r	ecords of the
·	Brendan Brosky			
-		Name		en e
•	1241 Leatherwood			
-		ddress	-	
,	Altamonte Springs,			_ 9
-		state and Zip		8 Km
6. The name and address of	the new registered age	ent and/or offic	ce:	NEGRETARY OF STATE
<u>N</u>	lick Giovelli			3 000
_	N	ame		Fr.S.
9	55-A East Altamon	nte Drive		12 第
	Florida street address ((P.O. Box NO	T acceptable)	TO OHS
A	Altamonte Springs	FL 32701		
_	City, Sta	ate and Zip		
If the limited liability comp confirmed that after the cha and the business office of the liability company, it is here of the members of the limit or the operating agreement	inge or changes are mad ne registered agent will by confirmed that the c ted liability company o	de, the Florida l be identical. change(s) was/ or as otherwise	a street address of the r Or, in the case of a Flo were authorized by an	egistered office orida limited affirmative vote
(Signature of a member or anthorize	ed representative of a member))		, Aj e nom
,				
Marybeth Brosky (Printed or typed name of signee)			general control of the control of th	
•		.		T.C. 3
I hereby accept the appoin comply with the provisions	tment as registered age of all statutes relative i	ent and agree to the proper d	to act in this capacity, and complete performa	I jurther agree to ince of my duties,

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.

(Signature of Registered Agent)

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