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SECRETARY OF STATE
DIVISION OF CORPORATIONS



## **COVER LETTER**

то:	Registration Section Division of Corporations				
SUBJ	ECT: DigitalX Technology So (Name of	olutions, LLC Limited Liabilit			
Dear S	Sir or Madam:				
The er	nclosed Registered Agent/Registered	Office Change a	and fee(s) are submitted for filing	g.	
Please	return all correspondence concerning	g this matter to t	he following:		
Juan	n C. Macias		_		
	(Name of Person)				
Digit	alX Technology Solutions, I	LLC	_		
	(Firm/Company)		age to a transport gabine	21	Ò
P.O.	Box:740791************************************	તાલું (સંકહ્મન)	_	2006 JUL -6	SECR VISIO
	(Address)		-	<u></u>	FIAR PATA
Boyn	ton Beach, FL 33474-0791	1 11	Maring the Spirit and a second of the second	6 P <del>1</del>	CORP
•	(City/State and Zip Code)		•	H +: 0	STAT
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roriu	rther information concerning this mat	ter, please call:			
Juan	C. Macias	at ( 561	306-9236		•
	(Name of Person)	_ \	Area Code & Daytime Telephon	e Numbe	r)
	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	Regis Divis P.O.	LING ADDRESS: stration Section ion of Corporations Box 6327 hassee, Florida 32314		
FO,	Enclosed is a check for the following amount:				
	\$25 Filing Fee	□ \$55	Filing Fee & Certified Copy		
INHS18	3 (8/05)	- <del> </del>			

## 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: DigitalX Tech	nnology Solutions, LLC	····································				
2. The mailing address of the limited liability company is :						
P.O. Box 740791, Boynton Beach, FL 33474-0791						
07/18/2005	L05000070400					
3. Date of filing/registration in Florida	4. Document number					
5. The name of the registered agent and the registered office at Florida Department of State:	ddress as shown on the records of the	;				
Corporate Creations Netwo	ork, Inc.					
Name						
11380 Prosperity Farms Road	d #221E					
Address	29 9	?				
Palm Beach Gardens, FL 334	410 S S	380				
City, State and Zip		瓷				
Palm Beach Gardens, FL 33410 City, State and Zip  6. The name and address of the new registered agent and/or office:						
Richard C. Pollack, CPA		OF STATE				
Name		STS ATS				
7797 N. University Dr, Suite 1	05 OT acceptable)	<del>5</del>				
Florida street address (P.O. Box No.	OT acceptable)	<u> </u>				
Tamarac, FL 3332 <sup>2</sup>	1					
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.    Signature of a member or authorized representative of a member)						
Juan C. Macias, MGR						
(Printed or typed name of signee)						
I hereby accept the appointment as registered agent and agree comply with the provisions of all statutes relative to the proper and I am familiar with and accept the obligations of my position chapter 608, I.S. Or if this document is being filed to merely address. I hereby confirm that the timited liability company has (Signature of Registered Agent)	e to act in this capacity. I further ag r and complete performance of my du on as registered agent as provided fo reflect a change in the registered of is been notified in writing of this char	ree to ities, r in fice nge.				
Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00						

INHS18 (8/05)