



FILED
Jan 24, 2008 08:00 AM
Secretary of State

DOCUMENT # L05000094601 1. Entity Name MOTIV8 COMMUNICATIONS, LLC													
Principal Place of Business 1318 CREPE MYRTLE LANE PORT ORANGE, FL 32128		Mailing Address 1318 CREPE MYRTLE LANE PORT ORANGE, FL 32128											
<div style="text-align: center;">DO NOT WRITE IN THIS SPACE</div>													
		<div style="text-align: center;"></div> <div>01182008No Chg-LLC CR2E083 (12/07)</div> <table border="1"><tr><td>4. FEI Number 20-3581744</td><td>Applied for Not Applicable</td></tr><tr><td>5. Certificate of Status Desired <input type="checkbox"/></td><td>\$5.00 Additional Fee Required</td></tr></table>		4. FEI Number 20-3581744	Applied for Not Applicable	5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required						
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6. Name and Address of Current Registered Agent HESS, RONALD S 1318 CREPE MYRTLE LANE PORT ORANGE, FL 32128		<div style="text-align: center;">DO NOT WRITE IN THIS SPACE</div>											
8. The above named entity submits this statement for the purpose 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. <div>SIGNATURE:  DATE: 11/18/08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small></div> <div style="text-align: center;">FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75</div>													
9. MANAGING MEMBERS/MANAGERS <table border="1"><tr><td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td>MGR HESS, RONALD S 1318 CREPE MYRTLE LANE PORT ORANGE, FL 32128</td></tr><tr><td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td></td></tr><tr><td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td></td></tr><tr><td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td></td></tr><tr><td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td></td></tr></table>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HESS, RONALD S 1318 CREPE MYRTLE LANE PORT ORANGE, FL 32128	TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP		<div style="text-align: center;">DO NOT WRITE IN THIS SPACE</div> <div style="text-align: center;">U000000794636 01/28/08-80015-022 138.75</div>	
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11. I hereby certify that the information supplied with this filing 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 receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes. <div>SIGNATURE:  DATE: 11/18/08 386-322-9028 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small></div>													