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THE LAW OFFICES OF

MICHAEL G. PARK, ESQ.

1801 SOUTH FEDERAL HIGHWAY, SUITE 300 DELRAY BEACH, FLORIDA 33483

PHONE: (561) 454-7404 FAX: (561) 582-3881

September 12, 2006

Registration Section Division of Corporations Florida Department of State 2661 Executive Center Circle Tallahassee, FL 32301

Re: CDG Systems, LLC

Dear Madam/Sir:

Enclosed please find a check in the amount of \$25, and one original and one copy of the STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY for the above-referenced company. Please expedite the filing, and return an acknowledgement copy to me. If you should have any questions, please feel free to call me at 561-454-7404.

lichael G. Park

ery truly yours.

Enclosures

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 limit	ed liability compar	ny is: CDG Syster	ms, LLC		
2. The mailing address of	of the limited liabil	ity company is:		·	
1801 South Federal Highw	vay, Suite 300, Delra	ay Beach, FL 3348	33		
11/02/2005			L050000106854		
3. Date of filing/registra	tion in Florida	_	4. Document number	er	_
5. The name of the regist Florida Department of	State:	•		the records of the	
	CORPORATIO		OMPANY		•
	4004 1183/0 075	Name			
	1201 HAYS STE	Address	<u> </u>		
	TALLAHASSEE				
		City, State and Z	io		
6 The name and address		• •	•		
6. The name and address	of the new registe	red agent and/or	office:	90	9
	Michael G. Park	κ, Esq.		S	JSEC OBSEC
		Name		SEP	PRET
	1801 South Fede	eral Highway, Su	ite 300	8	HA?
	Florida street ac	ddress (P.O. Box	NOT acceptable)	PA	800
	Delray Beach	Ft. 3348	22		og SI SI
		FL 3348 Sity, State and Zir			STATE
	C	ity, State and Zip	,	0	SHO
If the limited liability conconfirmed that after the cand the business office of liability company, it is he of the members of the lipothe operating agreeme	change or changes of the registered age or confirmed the mited liability common of the limited liability common tof the limited liability.	are made, the Floent will be identicated at the change(s) apany or as otherwability company.	orida street address of cal. Or, in the case of was/were authorized by	the registered off a Florida limited was affirmative.	vote
(Signature of a member or autho	rized representative of a	member)			
Michael Park, Managing	Member		•		
(Printed or typed name of signee					
I hereby accept the apportunity with the provision and Fam familiar with an Chapter 608, F.S. Or, if address, I hereby confirm (Signature of Registered Agent)	nintment as registe ns of all statutes re nd accept the oblig this document is b n that the limited li	red agent and ag elative to the proj ations of my posi eing filed to mere ability company	ree to act in this capa per and complete perf ition as registered age ely reflect a change in has been notified in w	city. I further ag ormance of my du ent as provided fo the registered of criting of this char	ree to ties, r in fice 1ge.

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