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COVER LETTER

TO: Registration Section Division of Corporations				
SUBJECT: COUNTERS DIRECT CLC (Name of Limited Liability Company)				
Dear Sir or Madam:				
The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing:				
Please return all correspondence concerning this matter to the following:				
ANGELA NICHOLS (Name of Person)	TOTAL TO THE PARTY OF THE PARTY			
(Firm/Company)				
3032 MINUTEMAN CANE	 . <u>.</u>			
(City/State and Zip Code)	£ 33571			
For further information concerning this matter, please call:				
Scot H. WICHOLS at (813) (Name of Person)	(Area Code & Daytime Telephone Number)			
Registration Section Red Division of Corporations D Clifton Building P.	egistration Section ivision of Corporations O. Box 6327 allahassee, Florida 32314			
Enclosed is a check for the following amount:				
\$25 Filing Fee	\$55 Filing Fee & Certified Copy			

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.

	2			
1. The name of the limited liability company is:				
2. The mailing address of the limited liability comp	vany is: 3032 MINUTER	AN LN		
	BRANDON, FC 30	3511		
12/05/2005 3. Date of filing/registration in Florida	10500011629	<i>'</i> 3		
3. Date of filing/registration in Florida	4. Document number	·		
5. The name of the registered agent and the registere Florida Department of State:				
CORPORATE CA N 11380 PROSPURI Ad PAIN BUACH	NEATIONS NUTLOUK ame TV FARMS ROAD # 22 dress GANDENS, FL 3340 nte and Zip	15		
6. The name and address of the new registered agen		. 90 SEIVIG		
,	1.O. Box NOT acceptable) L BRANDEN, FU 3	SECRETARY OF STATE STORE OF CORPORATIONS OF CORPORATIONS OF CORPORATIONS		
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)				
Scot H. WICHOLS (Printed or typed name of signee)				
I hereby accept the appointment as registered agen comply with the provisions of all statutes relative to and I am familiar with and accept the obligations of Chapter 608, F.S. Or, if this document is being filed address, I hereby confirm that the limited liability confirmation of Registered Agent)	t and agree to act in this capacity. I the proper and complete performan my position as registered agent as i I to merely reflect a change in the re ompany has been notified in writing	further agree to ice of my duties, provided for in egistered office of this change.		
Division of Corporations, P.O. 1	Box 6327, Tallahassee, FL 32314			

FILING FEE: \$25.00