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SECRETARY OF STATE

## COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: Beyond Brainstorming, LLC (Name of		ability Company)	<del></del>
Dear Sir or Madam:			
The enclosed Registered Agent/Registered	Office Cha	nge and fee(s) are submitted	for filing.
Please return all correspondence concerning	g this matte	r to the following:	
William F. McGee II			
(Name of Person)			
Beyond Brainstorming, LLC			77
(Firm/Company)			07 S
348 Chicasaw Ct.			AHAS
(Address)			
Saint Johns, FL 32259			MIII: 10
(City/State and Zip Code)	<u> </u>	<del></del>	STATE LORIDA
For further information concerning this mat	ter, please	call:	
William F. McGee II	at ( 904	) 230-5599	
(Name of Person)		(Area Code & Daytime 7	Telephone Number)
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314	•
Enclosed is a check for the following	ng amoun	<b>:</b> :	
\$25 Filing Fee			

## 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: Beyond Brainstorming, LLC 2. The mailing address of the limited liability company is: 348 Chicasaw Ct. Saint Johns, FL 32259 March 17, 2006 L06000030633 3. Date of filing/registration in Florida 4. Document number 5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State: William F. McGee II Name 1110 Hickory Way Address Weston, FL 33327 City, State and Zip 6. The name and address of the new registered agent and/or office: William F. McGee II Name 348 Chicasaw Ct. Florida street address (P.O. Box NOT acceptable) Saint Johns, FL 32259 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) William F. McGee II (Printed or typed name of signee) 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.

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

(Signature of Registered Agent)