

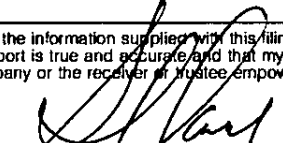


**FILED**  
**Jan 22, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L06000069848</b> 1. Entity Name <b>STEPHEN DAY CONSULTING, LLC</b>				<b>Jan 22, 2008 08:0</b> <b>Secretary of St</b>	
Principal Place of Business <b>2684 ARBOR DRIVE FORT LAUDERDALE, FL 33312</b>		Mailing Address <b>2684 ARBOR DRIVE FORT LAUDERDALE, FL 33312</b>			
<b>DO NOT WRITE IN THIS SPACE</b>					
				01092008 No Chg-LLC      CR2E083 (12/07)	
		4. FEI Number <b>20-5179311</b>		Applied For Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00</b> Additional Fee Required			
6. Name and Address of Current Registered Agent  <b>CHOSID, RICHARD G 4015 S.W. 15TH STREET D-110 POMPANO BEACH, FL 33069</b>				<b>DO NOT WRITE IN THIS SPACE</b>	
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.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reissuing) DATE</small>					
<b>FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75</b>					
9. MANAGING MEMBERS/MANAGERS				<div>U000000791079 01/23/08-80059-022 138.75</div> <b>DO NOT WRITE IN THIS SPACE</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DAY, STEPHEN 2684 ARBOR DRIVE FORT LAUDERDALE, FL 33312				
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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.					
SIGNATURE:  <b>STEPHEN DAY</b> 1-10-08					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #</small>					