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EXAMINER

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. Name of the limited liability company:	memorabilia.com LLC
2. (a) Principal office address of limited liability company	407 Lincoln Road
(Note: MUST BE STREET ADDRESS)	50:K 11 A Mian: Bead Fr 33 139
(b) Mailing address of limited liability company:	Sane
(Note: MAY BE POST OFFICE BOX)	
73/01/2007	L070000 23224
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office shown on the	the records of the Florida Dept. of State:
Registered Agent:	Blumberg Excession
Registered Office Address:	515 east park avenue Tollahass, FC 32301
(b) Enter name of NEW Registered Agent and/or NEV	V Pagistared Office address S
NEW Registered Agent:	Stefan Tesorito
NEW Registered Office Address:	407 Lincoln Roads
(MUST BE FLORIDA STREET ADDRESS)	Micm' Black 33/31
If the limited liability company is not organized under the I confirmed that after the change or changes are made, the FI and the business office of the registered agent will be ident liability company, it is hereby confirmed that the change(s) of the members of the limited liability company or as other or the operating agreement of the limited liability company Signature of a member or authorized representative of a member	orida street address of the registered office
Paul Masongsons Printed or typed name of signed	
Trinica of typea name of signee —	-
I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the proving and I am familiar with and accept the obligations of my post Chapter 688, F.S. Or, if this document is being filed to men address, I hereby confirm that the limited liability company	gree to act in this capacity. I further agree to sper and complete performance of my duties, sition as registered agent as provided for in rely reflect a change in the registered office 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