<u>L07000030653</u>

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T. HAMPTON

FEB 1 9 2008

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Vash Data Mo	ited Elability Company)
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office	ce Change and fee(s) are submitted for filing.
Please return all correspondence concerning this	s matter to the following:
Name of Person)	·
Dashdata Manyemat	
· 465 NE Spanish River (Address)	, 6x1B
City/State and Zip Code)	431
For further information concerning this matter, p	olease call:
Dagger Silvernas at	
(Name of Person)	(Area Code & Daytime 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 a	mount:
\$25 Filing Fee	S55 Filing Fee & Certified Conv

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: Dash Data Managements	<u>u,</u>	<u></u> .
2. The mailing address of the limited liability company is: We Spanish		
Boca gatons FL 33431		
3/21/07 60000306	53	
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 reconficing Department of State: Name Address	rds of th	SEC DISIVIO
City, State and Zip	8183	FIL ON OF C
6. The name and address of the new registered agent and/or office:	-P	육유
Premier Onto, L.C. Name 102 NE 3nd St. #110	PM 12: 32	Y OF STATE ORPORATIONS
102 ME 3nd St. 12/10	-	Ś
Florida street address (P.O. Box NOT acceptable)		
Bock Organ El 33439		
City, State and Zip		
If the limited liability company is not organized under the laws of the State of Florida, it is confirmed that after the change or changes are made, the Florida street address of the regist and the business office of the registered agent will be identical. Or, in the case of a Florida liability company, it is hereby confirmed that the change(s) was/were authorized by an affi of the members of the limited liability company or as otherwise provided in the articles of or the operating agreement of the limited liability company. (Signature of a member or authorized representative of a member)	tered of a limited rmative	ffice d : vote
(Signature of a member of authorized representative of a member)		
Dancer Silverman		
(Printed or typed name of signee)	.,	
I hereby accept the appointment as registered agent and agree to act in this capacity. I fu comply with the provisions of all statutes relative to the proper and complete performance and I am familiar with and accept the obligations of my position as registered agent as pro Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the regis address, I hereby confirm that the limited liability company has been notified in writing of	rther as of my a vided f stered o this chi	ree to luties, or in ffice inge.

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

(Signature of Registered Agent)