

Jun 10 09 02:00pm

Division of Corporations

FROM THE WILLIAMS LAW FIRM P.A.

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Florida Department of State  
Division of Corporations  
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To:

Division of Corporations  
Fax Number : (850) 617-6380

From:

Account Name : AGENTS AND CORPORATIONS, INC  
Account Number : I20010000112  
Phone : (302) 575-0875  
Fax Number : (302) 575-0925

FILED  
09 JUN 10 AM 11:06  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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2009 JUN 10 AM 8:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

REGISTERED AGENT CHANGE

INDEPTH MARKETING, LLC

|                       |         |
|-----------------------|---------|
| Certificate of Status | 0       |
| Certified Copy        | 0       |
| Page Count            | 01      |
| Estimated Charge      | \$35.00 |

D. BRUCE

JUN 11 2009

EXAMINER

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**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: INDEPTH MARKETING, LLC

2. (a) Principal office address of limited liability company:  
☐ (Note: MUST BE STREET ADDRESS) 6619 S Dixie Hwy #221  
Miami, FL 33143

(b) Mailing address of limited liability company:  
☐ (Note: MAY BE POST OFFICE BOX) Same as above

3. Date of filing/registration in Florida: 8/8/2008  
4. Document number: L08000085716

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Agent: Corporation Service Company  
Registered Office Address: 1201 Hays Street  
Tallahassee, FL 32301

(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:

NEW Registered Agent: Agents and Corporations, Inc.  
NEW Registered Office Address: 300 Fifth Avenue South  
(MUST BE FLORIDA STREET ADDRESS) Suite 101-330  
Naples, FL 34102

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.

Timothy R. Halbach  
Signature of a member or authorized representative of a member

TIMOTHY R. HALBACH  
Printed or typed name of signer

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.

David R. Williams  
Signature of Registered Agent

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

DNHS18 (05/05)