

L08000097947

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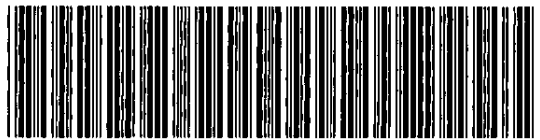
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
08 NOV - 7 PM 1:03

J. BRYAN

NOV 10 2008

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: DIGIADS, LLC

2. (a) Principal office address of limited liability company: 236 CHESTNUT RIDGE ST  
*(Note: MUST BE STREET ADDRESS)* WINTER SPRINGS FL 32708 US

(b) Mailing address of limited liability company: 236 CHESTNUT RIDGE ST  
*(Note: MAY BE POST OFFICE BOX)* WINTER SPRINGS FL 32708 US

10/17/2008  
3. Date of filing/registration in Florida

L08000097947  
4. Document number

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

Registered Agent: David Kopanski

Registered Office Address: 236 Chestnut Ridge St  
Winter Springs FL 32708

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

NEW Registered Agent: American Safety Council, Inc.

NEW Registered Office Address: 5125 Adanson St. Suite 500  
*(MUST BE FLORIDA STREET ADDRESS)* Orlando FL 32804

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]  
(Signature of a member or authorized representative of a member)

Laura Regier  
(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.*

Laura Regier  
(Signature of Registered Agent)

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