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(Address)  (Address)  (City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status Special Instructions to Filing Officer:							
(Address)  (City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status	(Requestor's Name)						
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Office Use Only



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SECRETARY OF STATE

M. THOMAS

DEC 15 2009

EXAMINER

## **COVER LETTER**

TO:	Registration Section Division of Corporations				
SUBJ	ECT: IDT	Cent	ral, L.L.C.		
0000	Name of Lim			any	
Dear S	Sir or Madam:				
The er	nclosed Registered Agent/Registered Offic	ce Char	nge and fee(s	) are submitted	for filing.
Please	return all correspondence concerning this	s matter	to the follow	ving:	
	Christopher Gardner Name of Person				TALLARI TALLARI
	IDT Central, L.L.C. Firm/Company				TALLAHASSEE, FLORID
	424 E. Central Blvd., Ste. 174 Address	<del></del>		•	NO P
	Orlando, FL 32801 City/State and Zip Code				
E-	chris.gardner@idtcentral.com mail address: (to be used for future annual report notific	cation)	<del></del>		
For fu	rther information concerning this matter, p	please c	all:		
	Christopher Gardner at	. (80		720-519  Daytime Telephon	
	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	 	MAILING A Registration S Division of Co P.O. Box 6327 Tallahassee, F	ection orporations 7	
	Enclosed is a check for the following a	mount	•		
	\$25 Filing Fee		\$55 Filing F	ee & Certified	Сору

## 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.

Name of the limited liability company:	IDT Central, L.L.C.
2. (a) Principal office address of limited liability com	mpany: IDT Central, L.L.C.
(Note: MUST BE STREET ADDRESS)	424 F. Central Blvd , Ste. 174 Orlando, FL 32801
(b) Mailing address of limited liability company:	IDT Central, L.L.C.
(Note: MAY BE POST OFFICE BOX)	424 E. Central Blvd., Ste. 174 Orlando, FL 32801
07/10/2009	L09000067114
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office shows	vn on the records of the Florida Dept. of State:
Registered Agent:	Christopher Gardner
Registered Office Address:	1930 S CONWAY RD UNF 5 ORLANDO FL 32812
(b) Enter name of <b>NEW Registered Agent</b> and/or	or NEW Registered Office address: FLS
NEW Registered Agent:	ORITE O
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	424 E. Central Blvd.
If the limited liability company is not organized under confirmed that after the change or changes are made, t and the business office of the registered agent will be liability company, it is hereby confirmed that the chan of the members of the limited liability company or as or the operating agreement of the limited liability company or as or the operating agreement of the limited liability company.	the Florida street address of the registered office identical. Or, in the case of a Florida limited unge(s) was/yere authorized by an affirmative vote
Christopher Gardner	
Printed or typed name of signee	
I hereby accept the appointment as registered agent a comply with the provisions of all statutes relative to the and I am familiar with and accept the obligations of n Chapter 608, F.S. Or of this document is being filed to address. Thereby confirm that the limited liability con	and agree to act in this capacity. I further agree to the proper and complete performance of my duties, my position as registered agent as provided for in to merely reflect a change in the registered office impany has been notified in writing of this change.
Signature of Registered Agent	