

Division of Corporations

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L10000010893

Florida Department of State
Division of Corporations
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Fax Number : (850) 617-6383

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Account Name : AGENTS AND CORPORATIONS, INC
Account Number : I20010000112
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**LLC REGISTERED AGENT CHANGE
MONOGRAM INTERACTIVE LLC**

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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: MONOGRAM INTERACTIVE LLC2. (a) Principal office address of limited liability company: 6911 LIVINGSTON WOODS LN(Note: MUST BE STREET ADDRESS)NAPLES FL 34109

(b) Mailing address of limited liability company: _____

(Note: MAY BE POST OFFICE BOX)01/29/2010

3. Date of filing/registration in Florida

L10000010893

4. Document number

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

Registered Agent:

A1A REGISTERED AGENT INC.

Registered Office Address:

5647 110TH AVE. NORTH
ROYAL PALM BEACH, FL 33411(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(Note: MUST BE FLORIDA STREET ADDRESS)SUITE 101-330NAPLES, 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.

Signature of a member or authorized representative of a member

ROBERT MINDZAK

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.

Signature of Registered Agent

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

FILING FEE: \$25.00