L10000011177

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EXAMINER

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SECREMAN OF STATE

COVER LETTER

Division of Corporation	ons			
SUBJECT:	Di	igimes LLc		
		d Liability Comp	any	
Dear Sir or Madam:				
· · · · · · · · · · · · · · · ·				
The enclosed Registered Age	nt/Registered Office	Change and fee(s) are submitted for filing.	
Please return all corresponder	ice concerning this r	natter to the follow	ving:	
	A Dice			
Name of I	Person			
Digime	sello			
Firm/Con		**************************************		
3885 SW	6th Ave			
Address	3			
Ocala, Flo	rida 34471			
City/State and				
info@digimes.org E-mail address: (to be used for future annual report notification)				
E-mail address: (to be used for fur	ure annual report notificati	ion)		
For further information concer	ming this matter, ple	ease call:		
Jessica A Dice	e at (352)	897-0655	
Name of Person	· ·	Area Code &	Daytime Telephone Number	
STREET/COURIER A	nndecc.	MAILING AT	NDDECC.	
Registration Section	DDRESS.	MAILING ADDRESS: Registration Section		
Division of Corporations		Division of Corporations		
Clifton Building		P.O. Box 6327		
2661 Executive Center C	ircle	Tallahassee, Florida 32314		
Tallahassee, Florida 3230		rananassee, m	oriua 32314 .	
Enclosed is a check fo	or the following am	ount:		
			as & Court Sad C	
\$25 Filing Fee		abb filing F	ee & Certified Copy	

TO: Registration Section

** 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:	Digimes LLc		
2. (a) Principal office address of limited liability company	3885 SW 6th Ave		
(Note: MUST BE STREET ADDRESS)	Ocala, Florida 34471		
(b) Mailing address of limited liability company:	3885 SW 6th Ave		
(Note: MAY BE POST OFFICE BOX)	Ocala, Florida 34471		
02/01/2010	L10000011427		
3. Date of filing/registration in Florida	4. Document number		
5. (a) Registered Agent and Registered Office shown on t	he records of the Florida Dept. of State:		
Registered Agent:	Jessica A Dice		
Registered Office Address:	4900 SW 46th Ct Ocala, Florida 34474		
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW NEW Registered Agent</u> :	V Registered Office address: Jessica A Dice		
<u>NEW</u> Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	3885 SW 6th Ave		
	Ocala ,FL34471		
If the limited liability company is not organized under the laconfirmed that after the change or changes are made, the Fl and the business office of the registered agent will be identifiability company, it is hereby confirmed that the change(s) of the members of the limited liability company or as other or the operating agreement of the limited liability company. Signature of a member or authorized representative of a member	orida street address of the registered office cal. Or, in the case of a Florida limited was/were authorized by an affirmative vote wise provided in the articles of organization		
Jessica A Dice	S 2		
Printed or typed name of signee I hereby accept the appointment as registered agent and as comply with the provisions of all statutes relative to the province and I am familiar with and accept the obligations of my possessing the configuration of the province of the pr	gree to act in this capacity. If urther agree to per and complete performance of my duties ition as registered agent as provided for in ely reflect a change in the registered office has been notified in writing of this change.		

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