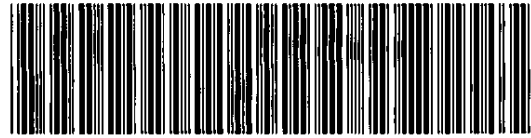


L10000044215



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08/16/10--01005--011 **95.00

(Requestor's Name)

(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:

A. LUNT

AUG 25 2010

EXAMINER

Office Use Only

STATE OF FLORIDA
TALLAHASSEE, FLORIDA

2010 AUG 24 AM 8:25

FILED



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 18, 2010

ALVARO URIBE
1401 SW 107 AVE. SUITE #301X
MIAMI, FL 33174

SUBJECT: PUBLISHERS DIRECT CHOICE, LLC
Ref. Number: L10000044215

We have received your document for PUBLISHERS DIRECT CHOICE, LLC and your check(s) totaling \$55.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must complete section 5a & 5b.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6094.

Agnes Lunt
Regulatory Specialist II

Letter Number: 910A00019889

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Publishers Direct Choice, LLC.
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Alvaro Uribe
Name of Person

Publishers Direct Choice, LLC.
Firm/Company

1401 SW 107 AVENUE, SUITE# 301X
Address

MIAMI, FL. 33174
City/State and Zip Code

PDC301@GMAIL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

VICKY URIBE at (305) 332-7289
Name of Person Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

\$25 Filing Fee

\$55 Filing Fee & Certified Copy

2010 AUG 24 AM 8:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

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: Publishers Direct Choice, LLC.

2. (a) Principal office address of limited liability company: 1401 SW 107 AVENUE

(Note: **MUST BE STREET ADDRESS**) SUITE# 301X
MIAMI, FL 33174

(b) Mailing address of limited liability company: 1421 SW 107 AVENUE

(Note: **MAY BE POST OFFICE BOX**) #303
MIAMI, FL 33174

8/6/2010
3. Date of filing/registration in Florida

L10000044215
4. Document number


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

Registered Agent: Alvaro Uribe
Registered Office Address: 1440 SW 78 Ave
MIAMI, FL 33144

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

NEW Registered Agent: Alvaro Uribe
NEW Registered Office Address: 1401 SW 107 AVE
(MUST BE FLORIDA STREET ADDRESS) SUITE# 301X
MIAMI, FL 33174

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.

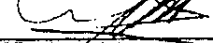


Signature of a member, or authorized representative of a member

ALVARO URIBE

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.



Signature of Registered Agent

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

FILED
2010 AUG 24 AM 8:25
TALLAHASSEE
FLORIDA
SECRETARY OF STATE