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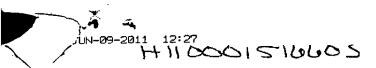
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ны. BRYAN

JUN 1 0 2011

EXAMMeR



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: GIFTCARDG	ALLERYONLINE, LLC
2. (a) Principal office address of limited liability compa	ny: 5722 Stonehaven Drive
(Note: MUST BE STREET ADDRESS)	North Fort Myers, Florida 33903
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	North Fort Myers, Florida 33903
12	P.P. O
8/16/2010	L100000B5470 50 3
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office shown o	200
Registered Agent:	CORPORATION SERVICE COMPANY
Registered Office Address:	1201 HAYS STREET TALLAHASSEE FL 32301
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>N</u> <u>NEW</u> Registered Agent:	Business Filings Incorporated
<u>NEW Registered Office Address:</u> (MUST BE FLORIDA STREET ADDRESS)	1203 Governors Square Blvd, Suite 101
IMOST BE TESTAMENT (ESPECIAS)	Taliahassee ,FL 32301-2960
If the limited liability company is not organized under the confirmed that after the change or changes are made, the and the business office of the registered agent will be ide liability company, it is hereby confirmed that the change of the members of the limited liability company or as other the operating agreement of the limited liability company. Signature of a member of authorized representative of a member	Florida street address of the registered office entical. Or, in the case of a Florida limited (s) was/were authorized by an affirmative vote lerwise provided in the articles of organization
Kimberly A. Molhem, U2mber Printed or typed name of signee	<u></u>
I hereby accept the appointment as registered agent and comply with the provisions of all statules relative to the pand I am familiar with and accept the obligations of the pander 608. F.S. Or, if this document is being filed to address. I hereby confirm that the limited liability company that the limited distribution of Registered Agent.	

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

INHS18 (05/08)