L10000106890

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



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2011 JUN 20 M PA 18
SECRETARY OF STATE
TALL ANASSES ELECTRON

T. CLINE

JUN 2 1 2011

EXAMINER

COVER LETTER

	n of Corporations					
					*. **	. * •
SUBJECT: _	ODN	<mark>И Comn</mark>	nunica	tions, LLC		
	Name of	f Limited	Liability	Company		
Dear Sir or Ma	dam:					
The enclosed R	tegistered Agent/Registered	Office Cl	nange ar	nd fee(s) are s	submitted for filing	g.
Please return al	Il correspondence concernin	g this mat	ter to th	e following:		
<u> </u>	Ozie D. Mainor					
	Name of Person					
_	DDM Communications, LL	C				
	Firm/Company					
	•				AS	20
7611	S. Orange Blossom Trai	l #110				2011 JUN 20
	Address				E A	Œ
					SSE	20
	Orlando, FL 32839				in S	272
	City/State and Zip Code				15. 15.	
					골좀	
E-mail address	omainor@cfl.rr.com s: (to be used for future annual report	·			A	end.
D-man address	s. (to be used for future annual report	. nouncation)	l			
For further info	rmation concerning this ma	tter, pleas	e call:			
	Dzie D. Mainor	_ at (407)		240-7569	
7	Name of Person		Are	a Code & Daytim	e Telephone Number	
STREET	Γ/COURIER ADDRESS:		MAIL	ING ADDRE	SS:	
_	tion Section			ration Section	_	
Division Clifton B	of Corporations			on of Corporati ox 6327	ions	
	ecutive Center Circle			assee, Florida 3	32314	
Tallahass	see, Florida 32301					
Enclose	d is a check for the followi	ing amou	nt:			
√ \$25 F	Filing Fee	Γ	\$55 I	Filing Fee & (Certified Copy	

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. Na	me of the limited liability company:	ODM Communications, LLC						
2. (a)	Principal office address of limited liability compa	any:	7611 S. OBT #110					
(Note: MUST BE STREET ADDRESS)			Orlando, Fl. 32839					
(b)	Mailing address of limited liability company:	ODM Communications, LLC						
	(Note: MAY BE POST OFFICE BOX)		7611 S. Orange Blossom Trail #110 Orlando, FL 32839					
	October 13, 2010		L10000	106890				
3. Da	te of filing/registration in Florida	4. Do	cument number					
5. (a)	Registered Agent and Registered Office shown of	on the rec	ords of the Florid	da Dept. o	f State:			
	Registered Agent:	<u>Corp</u>	oration Service	Compar	v <u>e</u>			
	Registered Office Address:		Hays St. hassee, FL 323	系集 ≪ 301 US ≥	- H.D.			
				25.57 77.00 77.00	Ö	gel spair		
(b)	Enter name of NEW Registered Agent and/or N	EW Reg	istered Office a	777	聖			
	NEW Registered Agent:	<u>Ozie</u>	D. Mainor	D. Tr	6			
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)			7611 S. Orange Blossom Trail #110					
		<u>Orlai</u>	ndo	,r	L <u>3283</u>	9		
confir and th liabili of the or the	limited liability company is not organized under the med that after the change or changes are made, the e business office of the registered agent will be idently company, it is hereby confirmed that the change members of the limited liability company or as other organization of the limited liability company or as other as member or authorized representative of a member	Florida :	street address of t Or in the case of	the registe a Florida	ered off limited			
	Ozie D. Mainor							
	or typed name of signee							
Ba	tby accept the appointment as registered agent and with the provisions of all statutes relative to the am familiar with and accept the obligations of my er 608, F.S. Or, if this document is being filed to be a limited liability composite of Registered Agent	d agree to proper an position of merely re any has b	o act in this capac nd complete perfo as registered age flect a change in veen notified in w	city. I fur ormance of ont as prov the regist riting of th	ther ag f my di rided fo ered of his chai	ree to ities, r in fice nge.		
الوت	io or registered registr							