## 10000001555

(Re	equestor's Name)	
(Ac	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL.
(Ві	usiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

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JUL 3 0 2012

**EXAMINER** 



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## COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Data Monetizers LLC		
Name of Limited Liability Company		
Dear Sir or Madam:		
The enclosed Registered Agent/Registered	ed Office Change and fee(s) are submitted for filing.	
Please return all correspondence concern	ing this matter to the following:	
Patrick Ferlazzo	·	
Name of Person	<del></del>	
Ad O 115 . 1		
Ad Qualify Inc		
Thineenpacy		
4654 SR 64 East #15	3	
Address	<u></u>	
Producton El 34209	· 5	
Bradenton, FL 34208 City/State and Zip Code	)	
Chyrotate and Zip code		
patrick@datamonetizers E-mail address: (to be used for future annual rep	ort notification)	
For further information concerning this n	natter, please call:	
Patrick Ferlazzo	at ( 646 ) 270-0255	
Name of Person	at ( 646 ) 270-0255  Area Code & Daytime Telephone Number	
Country of Post of	, <u>,,,</u>	
STREET/COURIER ADDRESS:	MAILING ADDRESS:	
Registration Section	Registration Section	
Division of Corporations	Division of Corporations	
Clifton Building	P.O. Box 6327	
2661 Executive Center Circle	Tallahassec, Florida 32314	
Tallahassee, Florida 32301		
Enclosed is a check for the follo	owing amount:	
\$25 Filing Fee	S55 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.

· ·	
Name of the limited liability company:	Data Monetizers LLC
2. (a) Principal office address of limited liability company	y: Data Monetizers LLC
(Note: MUST_BE STREET ADDRESS)	4654 SR 64 East #153 Bradenton, FL 34208
(b) Mailing address of limited liability company:	Data Monetizers LLC
(Note: MAY BE POST OFFICE BOX)	4654 SR 64 East #153 Bradenton, FL 34208
10/15/2010	L10000107655
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office shown on	the records of the Florida Dept. of State:
Registered Agent:	Wam It LLC
Registered Office Address:	5454 Lena Road #105 Bradenton, FL 34211
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NE NEW</u> Registered Agent:  NEW Registered Office Address:  MUST BE FLORIDA STREET ADDRESS)	AD QUALIFY INC  Ad Qualify Inc  4654 SR 64 East #153
If the limited liability company is not organized under the confirmed that after the change or changes are made, the F and the business office of the registered agent will be identiability 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	laws of the State of Florida, it is hereby florida street address of the registered office tical. Or, in the case of a Florida limited was/were authorized by an affirmative vote rwise provided in the articles of organization
Signature of a member or authorized representative of a member	
Patrick Ferlazzo  Printed or typed name of signee  I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the pr	— agree to act in this capacity. I further agree to oper and complete performance of my duties,
I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the prand I am familiar with and accept the obligations of my pachapter 608, F.S. Or, if this document is being filed to me address, I hereby confirm that the limited liability companional signature of Registered Again.	istion as registered agent as provided for in irely reflect a change in the registered office y has been notified in writing of this change.

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