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COVER LETTER

TO: Registration Section
Division of Corporations

The medical of the BEST LEAD MEDIA, LLC SUBJECT: 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: Wendy Rea Name of Person NRAI Firm/Company 11600 College Blvd, Suite 210 Overland Park, KS 66210 City/State and Zip Code info@nrai.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Wendy Rea Name of Person Area Code & Daytime Telephone Number 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 Tallahassee, Florida 32314 Tallahassee, Florida 32301 Enclosed is a check for the following amount: ✓ \$25 Filing Fee \$55 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. Name of the limited liability company:	BEST LEAD MEDIA, LLC	
2. (a) Principal office address of limited liability compan	411 WALNUT STREET # 8302	
(Note: MUST BE STREET ADDRESS)	GREEN COVE SPRINGS FL 32043	
(b) Mailing address of limited liability company:		
(Note: MAY BE POST OFFICE BOX)		
10/27/2010	L1000011 2 458	
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:	PALOMO, JEFF	
Registered Office Address:	411 WALNUT STREET # 8302 GREEN COVE SPRINGS FL 32043	
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NE NEW</u> Registered Agent: <u>NEW</u> Registered Office Address: <u>(MUST BE FLORIDA STREET ADDRESS)</u>	NRAI Services, Inc.	
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 iden liability 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 member or authorized representative of a member TAMES BRENT TOTTE Printed or typed name of signee	lorida 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 y.	
I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the pr and I am familiar with and accept the obligations of my po Chapter 608, F.S. Or, if this document is being filed to me address. I hereby confirm that the limited liability compan	gree to act in this capacity. I further agree to oper and complete performance of my duties, sition as registered agent as provided for in rely reflect a change in the registered office by has been notified in writing of this change.	

NRAI Services, Inc.

Signature of Registered Agent