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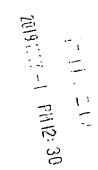
Requestor's Name)								
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WAIT MAIL								
Business Entity Name)								
(Document Number)								
Certificates of Status								
Special Instructions to Filing Officer:								

Office Use Only



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COVER LETTER

TO:	Registration Section Division of Corporations								
SUBJE	Monetized Marketing, L.L.	C.							
00201		ne of Lim	ited Lia	abilit	ty Company				
Dear S	ir or Madam:								
The en	closed Registered Agent/Registered Off	ice Chan	ge and f	lec(s	s) are submitte	ed for filing.			
Please	return all correspondence concerning th	is matter	to the f	ollo	wing:				
Kar	en I. Warr								
	Name of Person			_					
Boo	oks N Billing, Inc.								
	Firm/Company			_					
130	1 West Eau Gallie Boulevard Su	iite 104							
	Address	<u>.</u>							
Mel	bourne , FLorida 32935								
	City/State and Zip Code			_					
Acc	counts@BooksNBilling.Com								
E	-mail address: (to be used for future ann	nual repo	rt notifi	catic	on)				
For fur	ther information concerning this matter.	please c	all:						
Kar	en I. Warr	at (321)	215-4480	ext. 151			
	Name of Person	_ _		Are	ea Code & Da	aytime Telephone Number			
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301				gistra risior). Bo	NG ADDRE ation Section n of Corporati ox 6327 ssee, Florida	ions			
Enclosed is a check for the following amount:									
	■ \$25 Filing Fee		□ \$5	5 Fil	ling Fee & Ce	ertified Copy			

INHS18 (2/14)

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, 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. N	ame of the limited liability company:	Monetized M	larketing	ı, L.L.C.			
2. (a)							
	 Principal office address of limited lia (Note: MUST BE STREET A 			Mailing address of limi (Note: MAY BE PO		of limited liab	pility company:
	5224 West State Road 46	Suite 146		5224 We	est State I	Road 46	Suite 146
	Sanford , Florida 32771			Sanford	, Florida	32771	
	05/10/2011			L110000	55153		
3.	Date of filing/registration in	Florida	4.	De	ocument m	ımber	
5. (a)							
	Registered Agent and Registered Office show	vn on the records of the	e Florida De	ept. of State:			
	Registered Office Address (MUST BE FI	LORIDA STREET AL	DDRESS)				
	5224 West State Road 46	Suite 146					_ 3
	Sanford	FL	32771				101917
et s						٠	1 PINZ: 30
(b)	Enter name of NEW Registered Agent and/o	or NEW Registered O	ffice addre	 SS:			
	Books N Billing, Inc.			·-			(. . ဟု
	NEW Registered Office Address:					•	. O
	1301 West Eau Gallie Boule	vard Suite 104	<u> </u>				
	Malhauma						
	Melbourne	, FL	32935				
the cha agent w was/we	mited liability company is not organizing or changes are made, the Florida still be identical. Or, in the case of a Fire authorized by an affirmative vote of the organization or the operating a	street address of th Torida limited liab of the members of t	ne register ility comp the limited	ed office an oany, it is he d liability co	d the busir creby confi- ompany or	ess office rmed that t	of the registered he change(s)
	Jan Man		Kare	en I. Warr			
	ure) of a member or authorized representative of				nted or typed	•	
the obli to mere	of accept the appointment as registere ons of all statutes relative to the prope gations of my position as registered a ly reflect a change in the registered of in writing of this change.	d agent and agree er and complete pe egent as provided f ffice address, I her	to act in rformanc or in Cha reby confi	this capacit re of my duti pter 605, F. rm that the	v. I further les, and I a S. Or, if th limited lian	r agree to c m familiar iis docume bility comp	comply with the with and accept nt is being filed any has been
Signatur	G Ct CC						
رون میں ہے۔ ار	7						