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Division of Corporations

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Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (855)330-1010

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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. Na	nme of the limited liability company: EXP Dat	a Sy	stems I	_LC
2. (a)	, , ,	- (b)	
2. (4)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	<u> </u>		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	7901 4th St N STE 300		7901 4	th St N STE 300
	St. Petersburg FL 33702		St. Peter	sburg FL 33702
	02/02/2011		L2200	0078298
3.	Date of filing/registration in Florida	4.	recent filter	Document number
5. (a)	PATRICK EDWARD MAHONEY			
υ. (α)	Registered Agent and Registered Office shown on the records of	the Florid	a Dept. of State	::
	100 SE 2ND STREET, SUITE 2000			
	Registered Office Address (MUST BE FLORIDA STREET	<u>ADDRES</u>	<u>S)</u>	•
	MIAMI , FI	3313	1	
(b)	Registered Agents Inc			
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	Office ac	idres <u>s</u> :	
	7901 4th St N			
	NEW Registered Office Address:			
	STE 300			
	St. Petersburg	3370	2	
the cha agent v was/we	imited liability company is not organized under the la inge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited li- ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the	f the reg ability c of the lir	istered office ompany, it is nited liabilit	e and the business office of the registered s hereby confirmed that the change(s) y company or as otherwise provided in
	Riling Park	Ri	ley Park	
_	ture of a member or authorized representative of a member			Printed or typed name of signee
provisi the obt to mer	by accept the appointment as registered agent and ag ions of all statutes relative to the proper and complete ligations of my position as registered agent as provide ely reflect a change in the registered office address, I d in writing of this change	performed for in hereby (nance of my Chapter 603 confirm that	annes ana i am tamiliar with ana accept
sec 1	Bill Havre - Assistar	nt Secre	etary	

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

Signature of Registered Agent