L97000000271

City/State/Zip Phone #

300002324453--3 -10/20/97--01115--007 *****35.00 *****35.00

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

	1(C	poration Name) (Document #)	
	2(C	poration Name) (Document #)	
	3.	polation Paint) (Document ")	
	(C	poration Name) (Document #)	- 1.
	4(C	poration Name) (Document #)	
	Walk in	Pick up time Certified Copy	
	Mail out	☐ Will wait ☐ Photocopy ☐ Certificate of S	
315.等的 37.55	NEW FILINGS	AMENDMENTS	
	Profit	Amendment	
	NonProfit	Resignation of R.A., Officer/ Director	
	Limited Liability	Change of Registered Agent	-)/
	Domestication	Dissolution/Withdrawai	$\frac{\alpha}{\alpha}$
	Other	Merger Name Availabil	IV/
*	OTHER FILINGS	REGISTRATION/ Document Examination	
	Annual Report	QUALIFICATION	
	Fictitious Name	Foreign Updater	$-\chi Q$
		Limited Partnership Verifter	1

Reinstatement Trademark

Other

Examiner's Initials

Name Reservation

. Florida Department of State, Sandra B. Mortham, Secretary of State STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

	visions of sections 608.416 or 608.508, Florida Stat rganized under the laws of the State of <u>/-/o</u> k	
	statement in order to change its registered office or	
la. The name of the i	limited liability company is: <u>Netwave fr</u>	MARKETING LLC
	ress of the limited liability company is: 2115	mystle Ave
Clop	Rwaler F/ 33756	
1c.Date of filing/regis	stration in Florida: 3-5 97 Document numb	er: <u>1970000</u> 027
2.The name and addr	ress of the current registered agent and office:	
1300	siness Finings Incorp	20/
	4 N HENRY St Suites	20/
171	udison WI 53703	in in
3. The name and add	ress of the new registered agent and office: (P.O. Bo	OX NOT ACCEPTABLE)
_Jo	mes F Grady	
	135 Mystle Ave	
	100000 La El 22756	
	nanges are made, the street address of the registered in will be identical.	
Such change was aut company or als prov	thorized by affirmative vote of a majority of the me vided in the articles of organization or the regula	embers of the limited liability
company.		1 (
authorized representative	nearpet or	(Date)
1 .		,
	R. Glypy d parme and title)	
Having been named a liability company, l capacity. I further o complete performance as registered agent.	as registered agent and to accept service of process I hereby accept the appointment as registered age agree to comply with the provisions of all statutes se of my duties, and I am familiar with and accept to	for the above stated limited ent and agree to act in this s relative to the proper and he obligation of my position
4		July 60
Signature of Re	*	(Date)
Divis	tion of Corporations, P.O. Box 6327, Tallahassee,	, FL 32314
NRS18(3/95)	FILING FEE: \$35.00	