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FL DEPT OF STATE

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Division of Corporations

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L98000001489

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-6380

From:

Account Name : BUSINESS FILINGS
Account Number : 105256001620
Phone : (608) 827-5300
Fax Number : (608) 827-5501

REGISTERED AGENT CHANGE

BRINSIGHTS, L.L.C.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$35.00

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T. HAMPTON

JUL - 2 2009

EXAMINER

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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 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. The name of the limited liability company is: BRINSIGHTS, L.L.C.
2. The mailing address of the limited liability company is : _____
1327 Lexington Avenue Suite 11a, New York, New York 10128
3. Date of filing/registration in Florida 8/17/1998
4. Document number L98000001489
5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

CT CORPORATION SYSTEM

Name

1200 SOUTH PINE ISLAND ROAD

Address

PLANTATION FL 33324

City, State and Zip

6. The name and address of the new registered agent and/or office:

Business Filings Incorporated

Name

1203 Governors Square Blvd, Suite 101,

Florida street address (P.O. Box NOT acceptable)

Tallahassee, Florida, 32301-2960

City, State and Zip

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Geri Brin 6/24/09
 (Signature of a member or authorized representative of a member)

Geri Brin, Member

(Printed or typed name of signee)

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Mark Williams
 (Signature of registered agent)

Mark Williams A.V.P., Business Filings
 Incorporated.

Division of Corporations, P.O. Box _____

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