Walter E. Gomel, P.C. RONALD J. DAVIS JED STEVEN BEARDSLEY DAVID L. WATSON

TIMOTHY R. BROWN

HAROLD G. ARNWINE GREGORY M. FRASSRAND

LAUREN D. HAMMER

VINCENT L. SLAGEL*

285 PEACHTREE CENTER AVENUE, N.E. ATLANTA, GEORGIA 30303-1230 TELEPHONE (404) 223-5900 FAX (404) 524-4755

www.gomeldavis.com

Kaufman, Chaiken, Miller & Klorfein ATLANTA, GEORGIA TELEPHONE (770) 390-9200

OF COUNSEL

GREGORY A. SANDERSON ANN S. ROTROFF MARIETTA, GEORGIA TELEPHONE (770) 953-1310

WILLIAM K., NORMAN Los Angeles, California Telephone (310) 282-9900

"ADMITTED ONLY IN LOUISIANA

-06/21/00--01119--001 *****25.00 *****25.00

600003300136

May 3, 2000

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Management Decisions - MDI, LLC

Dear Sir or Madam:

Enclosed with regard to the above-referenced limited liability company you following:

Statement of Change of Registered Office or Registered Agent or Both-for 1. Liability Company and two conformed copies; and

A check made payable to the Florida Department of State in the amount of 2. for the filing fee.

Please return a stamped filed copy of the Statement of Change of Registered Office or Registered Agent or Both to this office. Thank you for your assistance in this matter.

Please feel free to contact me with any questions you may have.

Very truly yours,

Lauren D. Hammer

LDH/dmm Enclosures G:\WORD\M0163\0320\Com\FL Dept of State-061400.wpd

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.

igeni, or boni, in the state	-y			
1. The name of the limited	liability company is:	Management Decisions -	- MDI, LLC	
2. The mailing address of	the limited liability compa	any is:4110 Southpoint	Boulevard,	-
				:
Suite 212, Jacksonv	1116, 1D 322.0		T T T T T T T T T T T T T T T T T T T	
June 21, 1999		199000003626	The second se	
3. Date of filing/registration	on in Florida	4. Document num	ber	enter de la
	-		da of +1	
5. The name of the register	red agent and the registere	ed office address as shown o	n the fectius of the	
Florida Department of S	Candace Robichaux		··	
			2414 <u>=</u> -12 4441	
		ame	•	
	4110 Southpoint Bou			a name of the
	Action Ac	ldress 216	700	
•	City, St	ate and Zip	ECR CL	
6. The name and address	of the new registered ager	nt and/or office:	JUN 2 CRETA LAHAS	<u> </u>
	Andrew Butterfield		RY OF	
	4110 Southpoint Na	me urevard, Suite 203	F STAI	m. E
	Florida street address (P.O. Box NOT acceptable)		5
	Jacksonville	FL 32216	-	-
	City, Sta	te and Zip	्रिक्शी शिक्ष द्वी	* 10 VIII.; 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
confirmed that after the cand the business office of liability company, it is he the members of the limit the operating agreement	f the registered agent will	×01. 1	e of a Florida limit	ted ve vote of
Andrew Butterfield			en de la companya de	
(Printed or typed name of signe	e)		I funtla ar	r naree to
(Signature of Registered Agent	}		ere en	
Andrew Butterfield, Rec Divis	ion of Corporations, r.c). Box 6327, Tallahassee, I	FL 32314	
TATE 19(10/00)	FILIN	G FEE: \$25.00		

INHS18(10/99)

-; -: ...