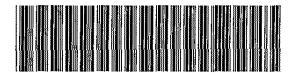
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(Address)					
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DIVISION OF COMPORATION

MK



ACCOUNT NO. : 072100000032

REFERENCE : 266392 4303940

AUTHORIZATION

ORDER DATE: October 3, 2003

ORDER TIME : 10:12 AM

ORDER NO. : 266392-005

CUSTOMER NO: 4303940

CUSTOMER: Ms. Kathleen Wheeler

Holland & Knight Llp

Suite 4100

100 North Tampa Street

Tampa, FL 33602

CHANGE OF AGENT

NAME: IMRGLOBAL, LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY PLAIN STAMPED COPY

CONTACT PERSON: Norma Parramore -- EXT# 1147

EXAMINER:

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:	IMRGLO	BAL, LLC		
2. The mailing address of t				ri Avenue	
Clearwater, FL 33756		raporary to t			
11/19/1999		···	L99000007960	•** <u> </u>	
3. Date of filing/registratio	n in Florida		4. Document numb	er	
5. The name of the registers Florida Department of St	ate: CGI Information Tec	hnology S		the records of the	
100 South Missouri Avenue					
بن Address Clearwater, FL 33756					
-		tate and Z	Zip .	9	
6. The name and address of	the new registered age	ent and/or	office:		
	Corporation Service	Compan	у		
. , -	1201 Hays Street N	ame		- -	
. , –	Florida street address	(P.O. Box	NOT acceptable)	<u>-</u>	
-	Tallahassee	FL 32	301		
	City, Sta	ate and Zip	9		
If the limited liability comp confirmed that after the cha and the business office of the liability company, it is here the members of the limited the operating agreement of	nge or changes are mane registered agent will by confirmed that the chaptility company or as	de, the Flo l be identic change(s) s otherwise	orida street address of cal. Or, in the case of was/were authorized l	the registered office a Florida limited by an affirmative vote of	
(Signature of a member or authorize	od representative of a member))			
11191	· · · · · · · · · · · · · · · · · · ·	,			
(Printed or typed name of signee)	PG-U			-	
I hereby accept the appoin comply with the provisions and I am familiar with and Chapter 608, F.S. Or, if th address, I hereby confirm t	tment as registered ago of all statules relative accept the obligations is document is being fi hat the limited liability	ent and ag to the pro of my pos led to mer company	ree to act in this cape per and complete per ition as registered ag ely reflect a change i has been notified in v	acity. I further agree to formance of my duties, ent as provided for in n the registered office writing of this change.	
<i>[</i>	ロアルベ Cynthia i			-	

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

INHS18(10/99)

FILING FEE: \$25.00