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CORPORATION(S) NAME					
Dove Creative Communication	ons, L.L.C.				
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660 East Jefferson Street Tallahassee, FL 32301 Tel. 850 222 1092 Fax 850 222 7615

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 li	mited liability company is: D	OVE CREATIVE COMMUNICATION	NS, L.L.C.
2. The mailing addre	ss of the limited liability comp	oany is: 600 Fairway Drive, Suite 10	8,
Deerfield Beach, Florida	33441		
January 27, 2000		M0000000168	
3. Date of filing/regi	stration in Florida	4. Document number	-
5. The name of the re Florida Departmen	gistered agent and the registere	ed office address as shown on the	records of the
	NRAI Services, Inc.		
	N	ame	
	526 East Park Avenue		FAC C
	Ad	dress	
	Tallahassee, FL 32301		
	City, Sta	te and Zip	AST +
6. The name and addi	ess of the new registered agen	t and/or office:	JAN -9 PMI2: 53 CRETARY OF STATE LAHASSEE, FLORIDA
	C T Corporation System		S1 75
	Nar	ne)RA 5
	1200 South Pine Island Road		
	Florida street address (P	O. Box NOT acceptable)	
	Plantation F	L 33324	
	City, State	e and Zip	
confirmed that after the and the business office liability company, it is the members of the lithe operating agreement.	the change or changes are made to of the registered agent will be hereby confirmed that the charted liability company or as cent of the limited liability company	ler the laws of the State of Florida e, the Florida street address of the be identical. Or, in the case of a F ange(s) was/were authorized by a otherwise provided in the articles pany.	e registered office Florida limited an affirmative vote of
(Signature of a member or a	uthorized representative of a member)		•
Bruce Budd (Printed or typed name of si	enee)		
comply with the provi and I am familiar wit Chapter 608, F.S. Or address, I hereby con C T Corporation System	isions of all statutes relative to hand accept the obligations of a first document is being filed firm that the limited liability compared to the compared to		nance of my duties, as provided for in
(Signature of Registered A	gent)		
Di	vision of Corporations, P.O.	Box 6327, Tallahassee, FL 323	14

FILING FEE: \$25.00

FL015- 9/27/99 C T System Online

INHS18(10/99)