

ACCOUNT NO.

072100000032

REFERENCE

212654

7267341

AUTHORIZATION<

COST LIMIT

ORDER DATE: July 6, 2001

ORDER TIME: 11:17 AM

ORDER NO. : 212654-815

CUSTOMER NO: 7267341

CUSTOMER: Joellen I. Keating, Legal Asst

9110 W. Dodge Road

Suite 200

Omaha, NE 68114

CHANGE OF AGENT

NAME: DTN WEATHER SERVICES, LLC

VISION OF CORPORATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

500004469515--8

CONTACT PERSON: Darlene Ward

## 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:	DTN Weath	er Servic	es, LLC	3			
2. The mailing address of	the limited liability co	ompany is :	11400	Run	pp	Dri	ie	
			urns VI	110	ΜN	55	<del>337</del>	
7/77/07		······································	•	<del></del>				
3. Date of filing/registration in Florida			4. Docume		ber			
		. 1 00				•	C 17	
5. The name of the register Florida Department of S		stered office	address as s	nown or	i the re	cords	or the	
	CT Corp	oration Sy	stem					
		Name			•	•		
	1200 South	Pine Isla	ınd Road					
Address						•	<u>≥</u> 6	
Plantation, FL 33324								<u></u>
City, State and Zip							ĦZ.	<u>-</u>
6. The name and address of the new registered agent and/or office:							ETARY OF WHASSEE, F	_
Corporation Service Company							FS	PM
Name							유포	<u></u>
1201 Hays Street								N
	Florida street addres	s (P.O. Box	NOT accept	table)			<b></b>	
_	Tallahassee	FL	32301	<del></del>				
	City, S	State and Zip	l					
If the limited liability comp confirmed that after the cha and the business office of t liability company, it is here the members of the limited the operating agreement of	ange or changes are mange or changes are manged that the liability company or	nade, the Flo ill be identic change(s) v as otherwise	rida street ac al. Or, in th vas/were aut	ddress of e case of horized	f the re f a Flor by an a	egistere rida lin affirma	ed office nited stive vo	te of
(Signature of a member or authoriz	ed representative of a memb	er)		-				
	-							
Brian Larson, Manager (Printed or typed name of signee)	<u>c.</u>				٠.			÷
I hereby accept the appoint comply with the provisions and I am familiar with and Chapter 608, F.S. Or, if the address, I hereby confirm to Chapter of Registered Agent) Box	u Mul		ree to act in her and comp tion as regis ly reflect a has been not	this cap plete per stered aè change i tified in	acity. format gent as in the r writing	I furthence of i provid egister of this	er agree my duti led for t ed offic s chang	e to ies, in ce ge.

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

INHS18(10/99)

**FILING FEE: \$25.00**