

Florida Department of State

Division of Corporations Public Access System

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Division of Corporations

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Account Name ; FOLEY & LARDNER OF TAMPA

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REGISTERED AGENT CHANGE

DIGITAL TECHNOLOGY SYSTEMS, LLC

| Certificate of Status | 0 |
|-----------------------|---------|
| Certified Copy | 0 |
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W. P. Verliger

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FL DEPT OF STATE

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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 submus 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: DIGITAL TECHNOLOGY SYSTEMS, LLC | |
|---|--|--|
| 2. | The mailing address of the limited liability company is: 7803 Southland Boulevard, Suite 203, Orlando, FL 32809 | |
| | June 26, 2001 M01000001450 | |
| 3. | Date of filing/registration in Florida 4. Document Number | |
| 5, | The name of the registered agent and the registered office as shown on the records of the Florida Department of State: | |
| | F&L Corp | |
| Name One Independent Debie Calle 1200 | | |
| One Independent Drive, Suite 1300 Address | | |
| | Jacksonville, Florida 32202 | |
| | City, State and Zip | |
| 6. | The name and address of the new registered agent and/or office: | |
| | Joseph A. Johnigean Pro | |
| | Name - | |
| | | |
| | Florida Street Address (P.O. Box NOT Acceptable) | |
| | Jacksonville, Florida 32256 | |
| chan Or, i vota agre | e limited liability company is not organized under the laws of the State of Florids, it is hereby confirmed that after the change or see are made, the Florida street address of the registered office and the business office of the registered agent full be identical, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) washed authorized by an affirmative of the members of the limited liability company or as otherwise provided in the articles of regardation or the operating ement of the limited liability company. | |
| | nature of a member or authorized representative of a member) (Date) | |
| | ept & Johnsger ited or typed name of signes) | |
| all s Posti | eby accept the appointment as registered agent und agree to act in this capacity. I further agree to comply with the provisions of tatutes relative to the proper and complete performance of my duties, and I am familiar with and accept the vibligations of my flow 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 stered office address. Hisroby confirm that the limited liability company has been notified in writing of this change. | |
| By: | 6-3-05 | |
| | nature of Registrated Agent) Joseph A. Johnigean (Date) | |
| | DESCRIPTION OF CORPORATIONS DO DOY CHA TATTAMASSEE WI OUT A 2214 | |
| DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FLORIDA 32314 ***FILING FEE: \$25.00*** | | |
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