MOIOO OO 2895 Requester's Name 245 E. Urajivia St Address St City/State/Zip Phone # 850 222 6580 Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1	(Corporation Name)	(Document #) OZ SEP -
2	(Corporation Name)	* (Document#) * (Document#) * (Document#) * (Document#)
3	(Corporation Name)	(Document#)
4.	(Corporation Name)	(Document #)
	☐ Walk in ☐ Pick up time	Certified Copy
	☐ Mail out ☐ Will wait	☐ Photocopy ☐ Certificate of Status
<u>1</u>	NEW FILINGS	3DOOD75120334 -09/04/0201022011 *****25.00 ******25.00
[] [] []	Profit Not for Profit Limited Liability Domestication Other	Amendment Resignation of R.A., Officer/Director Change of Registered Agent Dissolution/Withdrawal Merger
<u>(</u>	OTHER FILINGS	REGISTRATION/QUALIFICATION
[Annual Report Fictitious Name	Foreign Limited Partnership Reinstatement Trademark Other

Examiner's Initials

CR2E031(7/97)

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

A see see the undersigned limited		
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: \[1000000000000000000000000000000000000		
2. The mailing address of the limited liability company is: 1051 Elden Street		
Second Floor, Herndon, VA 20170		
Decomber 27 2001 ADDITION TO THE PROPERTY OF		
3. Date of filing/registration in Florida 4. Document number		
5. The name of the registered agent and the registered office address as shown on the records of the		
Florida Department of State:		
Name S Es		
1201 Hays Street Son		
Address City State and Zip		
6. The name and address of the new registered agent and/or office:		
Mark S. Levine Esq		
245 E. Virgivia Street		
Florida street address (P.O. Box NOT acceptable)		
Tallalassee, FL 32301 City, State and Zip		
If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited and the business of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization of the operating agreement of the limited liability company.		
(Signature of a member or authorized representative of a member)		
(Printed or typed name of signee)		
(Printed or typed name of signee) (Printed or typed name of signee) I further agree to		
I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my auties, comply with the provisions of all statutes relative to the proper and complete performance of my auties, and I am familiar with and accept the obligations of my position as registered agent as provided for in and I am familiar with and accept the obligations of my position as registered agent as provided for in and I am familiar with and accept the obligations of my position as registered agent as provided for in and I am familiar with and accept the obligations of my position as registered agent as provided for in and I am familiar with and accept the obligations of my position as registered agent as provided for in and I am familiar with and accept the obligations of my position as registered agent as provided for in and I am familiar with and accept the obligations of my position as registered agent as provided for in and I am familiar with and accept the obligations of my position as registered agent as provided for in and I am familiar with and accept the obligations of my position as registered agent as provided for in an I am familiar with a complete performance of my acceptance of my position as registered agent as provided for in an I am familiar with a complete performance of my acceptance of my position as registered agent as provided for in an I am familiar with a complete performance of my acceptance of my position as registered agent as provided for in a complete performance of my acceptance of my acceptanc		
(Signature of Registered Agent)		
Mark S. LEVI Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314		

FILING FEE: \$25.00