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ACCOUNT NO. : 07210000032

REFERENCE: 135687 4804492

AUTHORIZATION :

COST LIMIT

ORDER DATE: May 25, 2006

ORDER TIME : 2:04 PM

ORDER NO. : 135687-060

CUSTOMER NO: 4804492

CHANGE OF AGENT .

NAME: SIMPEDIA NETWORKS, L.L.C.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_ CERTIFIED COPY XX PLAIN STAMPED COPY

CONTACT PERSON: Sara Lea

EXAMINER'S INITIALS:

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 limite	d liability company i	s: SIMPEDIA	NETWORKS, L.L.C		
2. The mailing address of	the limited liability	company is:	2336 South East Oce	ean Blvd., Suite 324	
Stuart, FL 34996					
April 2, 2002			M02000000846		
3. Date of filing/registration in Florida			4. Document number		
5. The name of the register Florida Department of S	ered agent and the reg	gistered office	address as shown	on the records of the	
riorida Department or		Corporation Syts	tem		
		Name		- 2	
1200 South Pine Island Road				PSE SE	
Address				CR H	
Plantation, FL 33324 City, State and Zip			- 2 3		
		-	•	SE M	
6. The name and address of	of the new registered	agent and/or	office:	照言の	
Address Plantation, FL 33324 City, State and Zip 6. The name and address of the new registered agent and/or office: Corporation Service Company					
Name					
		01 Hays Street	NOT a secretable)		
	Florida street addre	ess (P.O. Box	NOT acceptable)		
	Tallahassee	FL	32301		
	City,	, State and Zip)		
-(2/2)	nange or changes are the registered agent reby confirmed that the nited liability compant of the limited liability companit of the limited liability companits of the limited liability companits of the limited liability companits of the limited liability companies to the liability companies to the liability companies to the limited liability companies to the li	made, the Flowill be idention the change(s) my or as other lity company.	orida street address cal. Or, in the case was/were authoriz	s of the registered office e of a Florida limited	
(Signature of a member or author	ized representative of a mer	nber)			
Jason Weinga (Printed or typed name of signbe)	Hen Manay	Per .			
Michelle Kil	Da ADa			capacity. I further agree to performance of my duties, agent as provided for in the registered office in writing of this change.	
(Signature of Registered Agent)	Michelle R. Vannoy, Ass	t. Vice Presiden			

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00