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Office Use Only



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DEPARAMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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ACCOUNT NO. : 072100000032

REFERENCE :

172045

OS MARIO MARIO

AUTHORIZATION

COST LIMIT

\$ 25.00

ORDER DATE : July 17, 2003

ORDER TIME : 10:40 AM

ORDER NO. : 172045-110

CUSTOMER NO: 7383298

CUSTOMER: Priscilla Krikorian

Proven Methods Seminars, Llc

32 Elm Place

Rye, NY 10580

CHANGE OF AGENT

NAME: UNIM, LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY PLAIN STAMPED COPY

CONTACT PERSON: Troy Todd

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 liab	oility company is:	UNIM, LLC			<u> </u>
2. The mailing address of the	imited liability cor	npany is:			
2385 Executive Center	Dr., Ste. 270,	Boca Raton,	FL 33431	. 0,	
08/09/2002		М	02000002098		1
3. Date of filing/registration in	Florida	4.	Document num	iber 2	, 'M'
5. The name of the registered a Florida Department of State				on the records o	بن
	Strategic Inter	rnet Managen Name	ment, LLC	3	લે <i>ં</i> જી
		laleuca Land Address	<u>a</u>	·	, <u> </u>
		res, FL 3346 State and Zip	53		، بسد البيان
6. The name and address of the	new registered ag	ent and/or offic	ce:		
	Corporation N	Service Çom (ame	pany	:	, gradenia .
		ays Street			
Flo	rida street address	(P.O. Box NO	T acceptable)		
	Tallahassee City, St	FL ate and Zip	32301	g e e	er ers sein for
If the limited liability company confirmed that after the change and the business office of the reliability company, it is hereby the members of the limited liability coperating agreement of the	e or changes are ma egistered agent will confirmed that the bility company or a limited liability co	ide, the Florida I be identical. change(s) was, s otherwise prompany.	a street address of Or, in the case of were authorized	of the registered of a Florida lim I by an affirmat	l office ited ive vote of
(Signature of a member or authorized re					
(Printed or typed name of signee)	oppen fel	D	gradient of the second		12 - 14 - 18
I hereby accept the appointme comply with the provisions of and I am familiar with and accept the condition of the condition	. // . 1	ent and agree to the proper of my position led to merely to company has	to act in this cap and complete pe i as registered a reflect a change been notified in	pacity. I furthe erformance of n igent as provide in the registere writing of this	r agree to ty duties, ed for in ed office change.
Olignature of Registered Agent) Dorothy Tenshaw, Asst. Division of	Vice President Corporations, P.C). Box 6327, T	allahassee, FL	32314	4

FILING FEE: \$25.00

INHS18(10/99)