Public Access System

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To:

Division of Corporations

Fax Number

: (850)205-0380

Prom:

Account Name

: .C T CORPORATION SYSTEM

Account Number : FCA000000023 Phon∉

: (850)222-1092

Fax Number

: (850) 222-9428

REGISTERED AGENT CHANGE

UNISITE, LLC

Certificate of Status	0
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Page Count	02
Estimated Charge	\$35,00

SPORTON SINDS MANY

COMPLIANT THRO

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

Pursuant to the provisions of sections that it is the following agent, or both, in the State of Florida.	: 608,410 or 608.508, . g statement in order to	Florida Statutes, the change its registered	undersigned limited office or registered
1. The name of the limited liability con	apany is: UniSim, L.L.C.		
2. The mailing address of the limited li	ability company is : 116	Huntington Ave.	,
Roston, MA 02116	e de cas	* * * " 	
1/22/04	<u> </u>	104000000297	
3. Date of filing/registration in Florida	4.	Document number	
5. The name of the registered agent and Florida Department of State:	the registered office add	iress as shown on the	records of the
Corporation Se	rvice Company Name		•
1701 V-1-44 S-	-		
1201 Hayes Str	Address		
Tallahassee, FI	. 32301	•	
	City, State and Zip		걸음 무
6. The name and address of the new reg	istered agent and/or offi	oe:	
C T Corporation	System		<u> </u>
	Name		ini -
1200 South Pine	Island Road		교육 글 등
Florida stree	raddress (P.O. Box NO	T acceptable)	STATE ORDE
Planation	FI_ 33324		<i>I</i> -1
	City, State and Zip		
If the limited liability company is not or confirmed that after the change or change and the business office of the registered liability company, it is hereby confirmed the members of the limited liability com the operating agreement of the limited liability company. (Signature of a number or authorized representative of the limited liability company is not considered that the limited liability company is not considered the limited liability company.)	es are made, the Florida agent will be identical, that the change(s) was pany or as otherwise proability company.	street address of the r Or, in the case of a Plo were suthorized by an	registered office orida limited affirmative vote of
Traci Houck, Vine President (Printed or typed name of rignee)			
I hereby accept the appointment as repicomply with the provisions of all statutes and I am familiar with and accept the ob-Chapter 608, F.S. Or, if this document is address I hereby confirm that the limite CT Cacharday System (Signature of Registers & Agent)	l relative to the proper a ligations of my position	ind complete performa as regievered apent as effect a change in the l been notified in writin	INCE of my duties, Torovided for in
	ions, P.O. Box 6327, Ti	llahanses, FL 32314	ı

FILING FEE: \$25.00

F1813- NEWS CT System Chiles

NH311(10/99)

TOTAL P.02