

M04000001016

Z^{Dr. Scott} NENet™
4349 S.W. Port Way
Palm City, FL 34990

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

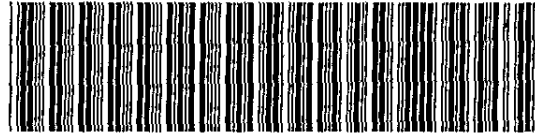
Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

M04-1016

RA off ch

Office Use Only



000046421610

02/14/05--01054--008 **25.00

SECRET
TALLAHASSEE, FLORIDA

2005 FEB 14 PM 12:50

FILED

**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 liability company is: ZONE NET, LLC
2. The mailing address of the limited liability company is : 4349 S.W. Port Way
PALM CITY, FL 34990

3. Date of filing/registration in Florida 3/08/2004
4. Document number MO4000001016

5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

BERARDI, STEPHEN SR
Name
526 S.E. DIXIE HIGHWAY
Address
STUART, FL 34994
City, State and Zip

6. The name and address of the new registered agent and/or office:

BERARDI, STEPHEN SR
Name
4349 S.W. Port Way
Florida street address (P.O. Box NOT acceptable)
PALM CITY, FL 34990
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 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 or the operating agreement of the limited liability company.

Stephen Berardi SR
(Signature of a member or authorized representative of a member)

STEPHEN BERARDI SR.
(Printed or typed name of signee)

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 duties, and I am familiar with and accept the obligations of my position 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 registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Stephen Berardi SR
(Signature of Registered Agent)

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

FILED
2005 FEB 10 PM 2:50
TALLAHASSEE
FLORIDA
SECRETARY OF STATE