## M04000001098

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	<del></del>
	y/State/Zip/Phone	
(Cit	y/State/Zip/Prione	· #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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SECRETARY OF STATE TALLAHASSEE, FLORIDA

AUG II AMII:

## **COVER LETTER**

TO: Registration Section Division of Corporations				
SUBJECT: OUTERBRIDGE NETWORKS LL. (Name of )		lity Company)		
Dear Sir or Madam:				
The enclosed Registered Agent/Registered (	Office Change	e and fee(s) are sub	omitted for filing.	
Please return all correspondence concerning	this matter to	the following:		
Isaac Foster				
(Name of Person)	<del></del> _	<del></del>		
Melbourne Partners LLC				. 06
(Firm/Company)		<b></b>		SECRETAL TALLANTS
7801 Ellis Road, Suite A				超
(Address)		<del>-</del>	• • <del>-</del>	Ha.
West Melbourne, FL 32904				025 SE
(City/State and Zip Code)		<del></del> .		Su
For further information concerning this matt	er, please call	.:		
saac Foster	_at (_ <sup>321</sup>	)_728-1580		
(Name of Person)		(Area Code & Day	ytime Telephone	Number)
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	Reg Div P.O	AILING ADDRESS gistration Section rision of Corporation b. Box 6327 lahassee, Florida 323	ns	
Enclosed is a check for the following	g amount:			
\$25 Filing Fee	□ \$5	5 Filing Fee & Ce	rtified Copy	

## 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	d liability company is	: OUTERBRI	DGE NETWORKS LLC	···-	
2. The mailing address of	the limited liability o	company is : _	7801 Ellis Road, Suite A		
West Melbourne, FL 32904			-		
02/22/2006	<del></del>	:	M04000001000	*	
02/23/2006  3. Date of filing/registration in Florida			M06000001098  4. Document number		
5. Date of mingregistrati	on m rionda		Document number		
5. The name of the register Florida Department of S	red agent and the regi State:	istered office	address as shown on the re	ecords of the	
		Isaac Foster			
		Name		• •	
	1901 S. Har	bor City Blvd, S	Suite 640		
		Address			
		ourne, FL 3290			
	•	, State and Zi	•	•	
6. The name and address of	f the new registered a	agent and/or o	office:	DE AUG 14 AM II. 4.7	
		Isaac Foster		<u> </u>	
		Name		親す	
-	7801 Ellis Road, Suite A		<del></del>	<b>治</b> 型	
	Florida street addres	ss (P.O. Box I	NOT acceptable)		
	West Melbourne	FL	32904	95 -	
	City,	State and Zip	•	<u> </u>	
If the limited liability com- confirmed that after the ch and the business office of t liability company, it is her of the members of the lim or the operating agreement (Standard of a member of authorization of the limited of the liability com- line of the limited of the limi	ange or changes are rethe registered agent we by confirmed that the ited liability company to feel limited liability.	made, the Flor vill be identice e change(s) we y or as otherway ty company.	rida street address of the re al. Or, in the case of a Flo vas/were authorized by an	egistered office orida limited affirmative vote	
I hereby accept the appoing comply with the provisions and I am familiar with and Chapter 608, F.S. Or, if the address, I hereby confirm to	ntment as registered continued to the statutes relative accept the obligation is document is being that the limited liability	agent and agr ve to the prop ns of my posit filed to mere ity company h	ee to act in this capacity. er and complete performa ion as registered agent as ly reflect a change in the r ias been notified in writing	I further agree to nce of my duties, provided for in egistered office g of this change.	

(Signature of Registered Agent)