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(Business Entity Name)				
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CORPORATE ACCESS,

"When you need ACCESS to the world"

INC.

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-	(CORPORATE NAME AND	DOCUMENT #)	
3.	(CORPORATE NAME AND	DOCUMENT #)	
4.	(CORPORATE NAME AND	DOCUMENT #)	
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SPECIAI	INSTRUCTIONS:		
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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

Name of the limited liability company:RELIABL	E RESPONSE MARKETING, LLC				
2. (a) Principal office address of limited liability compan	y: 2901 Clint Moore Road, #292				
(Note: MUST BE STREET ADDRESS)	Boca Raton, FL 33496				
(b) Mailing address of limited liability company:	2901 Clint Moore Road, #292				
(Note: MAY BE POST OFFICE BOX)	Boca Raton, FL 33496				
02/10/2011	M1100000666				
3. Date of filing/registration in Florida	4. Document number				
5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:					
Registered Agent:	Weintraub, James L				
Registered Office Address:	7777 Glades Road, Suite 210 Boca Raton, FL 33434				
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NE NEW</u> Registered Agent: NEW Registered Office Address:	Weintraub, James L 7900 Glades Road				
<u>NEW</u> Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	Suite 330				
If the limited liability company is not organized under the confirmed that after the change or changes are made, the Franch the business office of the registered agent will be identiability company, it is hereby confirmed that the change(s) of the members of the limited liability company or as other the operating agreement of the limited liability company or the operating agreement of the limited liability company of the limited liability company. Signature of a member or authorized representative of a member of liability company of a member of limited or typed name of signee. I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the provision of all statutes relative to the provision of all statutes relative to the provision of all statutes relative to the provisions of the provisions of all statutes relative to the provisions of all statutes relative to the provisions of	laws of the State of Florida, it is hereby lorida street address of the registered office tical. Or, in the case of a Florida limited) was/were authorized by an affirmative vote rwise provided in the articles of organization y.				
I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the prind I am familiar with and accept the obligations of my point that the find I am familiar with and accept the obligations of my point that the limited liability compandatess, I hereby confirm that the limited liability compandates of Registered Agent	istion as registerea agent as provided for in rely reflect a change in the registered office y has been notified in writing of this change.				

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