Patricia S. Callahan, CLAS Certified Legal Assistant 614-227-1976 pcallahan@porterwright.com

41 South High Street Columbus, Ohio 43215-6194

Facsimile: 614-227-2100 Toll Free: 800-533-2794

July 23, 1999

Florida Secretary of State Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 900002346139--C -07/30/39--01075--004 *****35.00 *****35.00

Re:

CyberMark L.L.C. Change of Agent

Dear Sir or Madam:

Enclosed for filing with your office is a Statement of Change of Registered Agent for the above-captioned entity. Also enclosed is a check in the amount of \$35 in payment of the filing fee.

Please file and return a date-stamped copy to me in the enclosed self-addressed, stamped envelope. If you have any questions, please do not hesitate to contact me at 800-533-2794.

Sincerely,

Patricia S. Callahan

Enclosures

COLUMBUS/735497 v.01

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:CyberMark L.L.C.	
2. The mailing address of the limited liability company is: 4171 Arlingate Plaza	
Columbus, Ohio 43228	
£ /22 /07	
6/23/97 M97000000372	
3. Date of filing/registration in Florida 4. Document number	
5. The name of the registered agent and the registered office address as shown on the reconflorida Department of State:	ds of the
CT Corporation System Name	-
1200 South Pine Island Road Address	u = Pere
Plantation, FL 33324	=
City, State and Zip	6 F
6. The name and address of the new registered agent and/or office:	99
	F 4
Mary Beth M. Clary	3 <u> </u>
Name	
5801 Pelican Bay Blvd., Suite 300	<u> </u>
Florida street address (P.O. Box NOT acceptable)	M 9: 24
Naples FI 34108-2709	₽ 411
Napres FL 34108-2709 City, State and Zip	
· · · · · · · · · · · · · · · · · · ·	
If the limited liability company is not organized under the laws of the State of Florid confirmed that after the change or changes are made, the Florida street address of the reand the business office of the registered agent will be identical. Or, in the case of a I liability company, it is hereby confirmed that the change(s) was/were authorized by an affir a majority of the members of the limited liability company or as otherwise provided in organization or the regulations of the limited liability company.	gistered office Florida limited mative vote of
(Signature of a member or authorized representative of a member)	
Jack R. Pigman (Printed or typed name of signee)	
I hereby accept the appointment as registered agent and agree to act in this capacity. I fix comply with the provisions of all statutes relative to the proper and complete performance and I am familiar with and accept the obligations of my position as registered agen document is being filed to merely reflect a change in the registered office address, I hereby the limited liability company has been notified in writing of this change. (Signature of Registered Agent)	orther agree to e of my duties, t. Or, if this y confirm that

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

INHS18(9/97)

FILING FEE: \$35.00