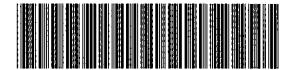
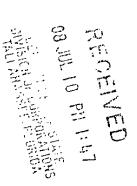
M98000001341

(Rec	(Requestor's Name)				
(Add	iress)				
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(City	//State/Zip/Phone	= #)			
PICK-UP	☐ WAIT	MAIL			
(Bus	iness Entity Nar	ne)			
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Certified Copies	Certificates	of Status			
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Special Instructions to F	Filing Officer:				
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Office Use Only



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B. KOHR

JUL 22 2008

EXAMINER

08 JUL 10 PH 4: 05



ON SERVICE COMPANY				
ACCOUNT N	· ·	0721000	10022	
REFEREN	CE :	636448	7458671	
AUTHORIZATI	ON :C	Smell or	enan	
COST LIM	IT :	£5.00	- wer	
ORDER DATE : July 3, 2008				08 JU
ORDER TIME : 12:40 PM				图 6
ORDER NO. : 636448-010				SSE P
CUSTOMER NO: 7458671				(C) (C)
CHANGE O	F AGEN	<u>1T</u>		,
		•		•
NAME: DORSEY-PAG	ES LLO			
PLEASE RETURN THE FOLLOWING	AS PF	ROOF OF FI	LING:	
CERTIFIED COPY XX PLAIN STAMPED COPY				
CONTACT PERSON: Kimberly Mo	oret			

EXAMINER'S INITIALS:

• 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.

3	•				
1. The name of the limit	ed liability compar	y is: DORSE	Y-PAGES LLC		
2. The mailing address of	f the limited liabili	ity company is:			
PO Box 760397, Lat	rup Village, HI	48076			
November 9, 1998			M98000001341		
3. Date of filing/registrat	ion in Florida	_	4. Document nur	nber	
5. The name of the registe Florida Department of	ered agent and the State:	registered office Ernest A Page		on the records of the	
		Name		,	
	19	9109 SW 80th	Ct		
		Address		0,	
		/Iiami, FL 331		P J	
		City, State and Z	ip		
6. The name and address	of the new register	ed agent and/or	office:	5 5 E	
	Corpora	tion Service C	ompany	PA PA	
	12	Name 201 Hays Stree	et	F. 0.	
			NOT acceptable)	OB JUL 10 PH 4: 05 TALLAHASSEE, FLORIDA	
	Tallahassee	FL	32301		
	Ci	ty, State and Zip			
If the limited liability con confirmed that after the cl and the business office of liability company, it is he of the members of the lin or the coerating agreement	nange or changes a the registered ager reby confirmed that ited liability computed the limited liability for the limited liability.	re made, the Flo nt will be identic it the change(s) veany or as otherw bility company.	rida street address al. Or, in the case vas/were authorize	of the registered office of a Florida limited d by an affirmative vote	
(Sign ture of a member or author	zed representative of a n	nember)			
John til	ORSEY	•			
(Printed or typed name of signee)					
I hereby accept the appoint the comply with the provision and I am familiar with an Chapter 608, F.S. Or, if it address, I hereby confirm	ntment as register s of all statutes rel d accept the obliga his document is be that theylimited life	ed agent and agr ative to the prop titions of my posit ing filed to mere bility company h	ree to act in this ca er and complete pe ion as registered ly reflect a change ias been notified in	pacity. I further agree to refermance of my duties, igent as provided for in in the registered office writing of this change.	
(Signature of Registered Agent)	Amy Gudgel, As	sst. Vice Presi	dent		
Divisio	n of Corporations	s, P.O. Box 6327	, Tallahassee, FL	32314	

FILING FEE: \$25.00

INHS18 (8/05)