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SECRETARY OF STATE
DIVISION OF CORFORATIONS

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: ACCENT MARKETING SEF (Name of Limit	RVICES, L.L.C. ted Liability Company)
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office	e Change and fee(s) are submitted for filing.
Please return all correspondence concerning this	matter to the following:
JILL PROBST	
(Name of Person)	
NATIONAL SERVICE INFORMATIO (Firm/Company)	<u>N</u>
145 BAKER ST	
(Address)	
MARION OHIO 43302	
(City/State and Zip Code)	
For further information concerning this matter, p	please call:
JILL PROBST at	(740) 387-6806
(Name of Person)	(Area Code & Daytime Telephone Number)
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
Enclosed is a check for the following a	mount:
\$25 Filing Fee	\$55 Filing Fee & Certified Copy



July 31, 2007

To Whom It May Concern:

Please file the enclosed Document and return a date stamped copy to my attention. I have enclosed a self address envelope for your convenience.

Should you have any questions, please do not hesitate to contact me. The number I can be reached at is $1-800-235-0337 \times 110$

Sincerely,

Jill Probst

Corporate Services Department

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	s: ACCENT MARKETING SERVICES, L.L.C.		
2. The mailing address of the limited liability of	company is :		
950 THIRD AVENUE NEW YORK NY 10022			
10/28/1999	M9900001718		
3. Date of filing/registration in Florida	4. Document number		
5. The name of the registered agent and the reg Florida Department of State:	istered office address as shown on the record	ds of the	;
CORPORATION SEF	RVICE COMPANY Name		
1201 HAYS STREET	Address	07	SIAI0 3S
TALLAHASSEE FL 32301-2525 US City, State and Zip		AUG	SE SE
6. The name and address of the new registered agent and/or office:		-6 PI	ARY OF
NRAI Services, Inc.		PH12: 30	AND.
	Name	ည	1101 VIE
2731 Executive Park [7
Florida street addre	ess (P.O. Box NOT acceptable)		
Weston	FL 33331		
City,	State and Zip		
If the limited liability company is not organized confirmed that after the change or changes are and the business office of the registered agent to liability company, it is hereby confirmed that to of the members of the limited liability company or the operating agreement of the limited liabil wattransparent of the limited liabil. (Signature of a member of authorized representative of a member of autho	made, the Florida street address of the regis will be identical. Or, in the case of a Florida he change(s) was/were authorized by an affiny or as otherwise provided in the articles of ity company.	tered off limited	vote
MATT GOLARN	·		
(Printed or typed name of signee)			
I hereby accept the appointment as registered comply with the provisions of all statutes relation and I am familiar with and accept the obligation Chapter 608, F.S. Or, if this document is being address, I hereby confirm that the limited liabin NRAI Services, Inc. ASI Section (Signature of Registered Agent)	agent and agree to act in this capacity. I fuive to the proper and complete performance ons of my position as registered agent as progressive to merely reflect a change in the regislity company has been notified in writing of	rther ag of my di wided fo stered of this chai	ree to ities, r in fice nge.

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