## P01000059128

| (Re                     | questor's Name)   |             |
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| (Cit                    | y/State/Zip/Phon  | e #)        |
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| PICK-UP                 | MAIT              | MAIL        |
| (Bu                     | siness Entity Nai | me)         |
|                         |                   |             |
| <u> </u>                | cument Number)    |             |
| (DO                     | cument Number)    | l           |
| Certified Copies        | _ Certificate:    | s of Status |
| Special Instructions to | Filing Officer:   |             |
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D. CONNELL FEB 1 8 2010

## **COVER LETTER**

| TO: Amendment Section Division of Corpor | on<br>rations                       |                                      |                  |
|------------------------------------------|-------------------------------------|--------------------------------------|------------------|
| SUBJECT:                                 | LANGUAGESF<br>Name of C             |                                      |                  |
| DOCUMENT NUMBER:                         | P010                                | 000059128                            |                  |
| The enclosed Statement of                | Change of Registered Office         | e/Agent and fee are submitted        | for filing.      |
| Please return all correspond             | dence concerning this matter        | to the following:                    |                  |
|                                          |                                     |                                      |                  |
|                                          | ANNETTE                             | TADDEO                               |                  |
|                                          | Name of Cor                         | ntact Person                         |                  |
|                                          |                                     | 000011 NO                            |                  |
|                                          | LANGUAGE<br>Firm/Co                 |                                      | <del></del>      |
|                                          | T IIII CC                           | mpuny                                |                  |
|                                          | 5975 SUNSET DI                      | RIVE. SUITE 803                      |                  |
|                                          | Add                                 |                                      |                  |
|                                          |                                     |                                      |                  |
|                                          | MIAMI, FLO<br>City/State ar         | RIDA 33143                           |                  |
| -                                        | City/State ar                       | nd Zip Code                          |                  |
|                                          | ataddeo@langu                       | agespeak.com                         |                  |
| E-mail                                   | address: (to be used for f          | uture annual report notificat        | ion)             |
|                                          |                                     |                                      |                  |
| For further information cor              | ncerning this matter, please o      | eall:                                |                  |
| ANINIETT                                 | E TADDEO                            | 205                                  | 000 0707         |
|                                          | E TADDEO ontact Person              | at ( 305 ) Area Code & Daytime       | Felephone Number |
|                                          |                                     | •                                    | •                |
| Enclosed is a \$35.00 check              | made payable to the Depart          | ment of State.                       |                  |
|                                          |                                     |                                      |                  |
| <u>M</u>                                 | ailing Address:<br>mendment Section | Street Address:<br>Amendment Section | an .             |
|                                          | ivision of Corporations             | Division of Corpo                    | ==               |
|                                          | O. Box 6327                         | Clifton Building                     |                  |
|                                          | allahassee, FL 32314                | 2661 Executive Co                    | enter Circle     |
|                                          |                                     | Tallahassee, FL 32                   | 2301             |

TO:

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

| statement of cha                                                             | provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Stange is submitted for a corporation organized under the laws of the State of $\frac{Fl}{Fl}$                                                                                                                                                                                 | ORIDA             |                              |             |
|------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|------------------------------|-------------|
|                                                                              | r to change its registered office or registered agent, or both, in the State of Flo                                                                                                                                                                                                                                                                      | rida.             |                              |             |
|                                                                              | he corporation: LANGUAGESPEAK, INC.                                                                                                                                                                                                                                                                                                                      | <del></del>       |                              |             |
|                                                                              | office address: 5975 SUNSET DRIVE, SUITE 803                                                                                                                                                                                                                                                                                                             |                   |                              |             |
| MIAMI, FL                                                                    | ORIDA 33143                                                                                                                                                                                                                                                                                                                                              |                   |                              |             |
| 3. The mailing a                                                             | ddress (if different):                                                                                                                                                                                                                                                                                                                                   |                   |                              |             |
| 4. Date of incorp                                                            | oration/qualification: 6/13/2001 Document number: P0                                                                                                                                                                                                                                                                                                     | 100005            | 9128                         |             |
|                                                                              | street address of the current registered agent and registered office on file with tment of State: (If resigned, enter resigned)                                                                                                                                                                                                                          | the               |                              |             |
|                                                                              | DR. ERIC GOLDSTEIN                                                                                                                                                                                                                                                                                                                                       |                   |                              |             |
| 5975 SUNSET DRIVE, SUITE 803                                                 |                                                                                                                                                                                                                                                                                                                                                          | 700               | 10                           |             |
|                                                                              | MIAMI, FLORIDA 33143                                                                                                                                                                                                                                                                                                                                     | Telepan<br>Second | 833                          | aprice a    |
| 6. The name and (if changed):                                                | street address of the new registered agent (if changed) and /or registered offic                                                                                                                                                                                                                                                                         | e William         | -5<br>-=                     |             |
|                                                                              | ANNETTE TADDEO                                                                                                                                                                                                                                                                                                                                           |                   | တ္<br>သ                      | V.          |
|                                                                              | 5975 SUNSET DRIVE, SUITE 803                                                                                                                                                                                                                                                                                                                             | The second second | $\Box$                       |             |
|                                                                              | P.O. Box NOT acceptable                                                                                                                                                                                                                                                                                                                                  |                   |                              |             |
|                                                                              | MIAMI, FLORIDA 33143                                                                                                                                                                                                                                                                                                                                     |                   |                              |             |
| The street addre                                                             | ss of its registered office and the street address of the business office of its be identical.                                                                                                                                                                                                                                                           | registered        | l agent,                     | 1           |
| Such change was authorized by the                                            | as authorized by resolution duly adopted by its board of directors or by an or board, or the corporation has been notified in writing of the change.                                                                                                                                                                                                     | officer so        |                              |             |
| Signatur                                                                     | ANNETTE TADDEO, PR e of amorticer or director  Printed or typed name and title                                                                                                                                                                                                                                                                           | ESIDEN            | 1T                           |             |
| I hereby accept<br>I further agree to<br>of my duties, an<br>document is bei | the appointment as registered agent and agree to act in this capacity, o comply with the provisions of all statutes relative to the proper and comp of I am familiar with and accept the obligation of my position as registered ng filed merely to reflect a change in the registered office address, I hereby been notified in writing of this change. |                   | rmancer, if this<br>that the | e<br>s<br>? |
|                                                                              |                                                                                                                                                                                                                                                                                                                                                          | 010               |                              |             |
|                                                                              | nature of Registered Agent Date                                                                                                                                                                                                                                                                                                                          |                   |                              |             |
| It signing on be                                                             | half of an entity:                                                                                                                                                                                                                                                                                                                                       |                   |                              |             |
|                                                                              | NETTE TADDEO  yped or Printed Name                                                                                                                                                                                                                                                                                                                       |                   |                              |             |

\* \* \* FILING FEE: \$35.00 \* \* \*