

PO3000100111

(Requestor's Name)

(Address)

(Address)

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☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
ALABAMA DEPARTMENT OF REVENUE

RA Change

01-13-11

DC



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

December 23, 2010

RAY FERNANDEZ  
HOSTDIME.COM, INC.  
189 SO. ORANGE AVE., SUITE 1500S  
ORLANDO, FL 32801

SUBJECT: HOSTDIME.COM, INC.  
Ref. Number: P03000100111

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

The document must have original signatures.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6906.

Darlene Connell  
Regulatory Specialist II

Letter Number: 410A00029695

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11 JAN 11 PM 2:37  
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TALLAHASSEE, FLORIDA

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** HostDime.com, Inc. registered agent change  
Name of Corporation

**DOCUMENT NUMBER:** FEIN: 200219734

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Ray Fernandez  
Name of Contact Person

HostDime.com, Inc.  
Firm/Company

189 South Orange Ave. suite 1500S  
Address

Orlando, FL, 32801  
City/State and Zip Code

legal@hostdime.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Ray Fernandez at ( 407 ) 492-7980  
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

**Mailing Address:**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of \_\_\_\_\_ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: HOSTDIME.COM, INC.
2. The principal office address: 189 SOUTH ORANGE AVE., SUITE 1500S  
ORLANDO, FL 32801
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 09/12/2003 Document number: P03000100111
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

Emmanuel Vivar  
189 South orange Ave suite 1500S  
Orlando FL 32801

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Ray Fernandez  
189 South orange Ave. suite 1500S  
Orlando FL 32801

P.O. Box NOT acceptable

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.



Signature of an officer or director

Emmanuel Vivar

Printed or typed name and title

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.*



Signature of Registered Agent

1-4-10<sup>RI</sup>

Date

If signing on behalf of an entity:

\_\_\_\_\_  
Typed or Printed Name

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE  
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

CR2E045 (8/05)

FILED  
11 JAN 13 PM 3:42  
CLERK OF STATE  
TALLAHASSEE, FL