

## P03000100111

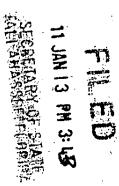
(Requestor's Name)	
(Address)	
(Address)	-
(City/State/Zip/Phone #)	_
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	_
Certified Copies Certificates of Status	_
Special Instructions to Filing Officer:	7
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Office Use Only



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FA-Change 01-13-11



## 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

## **COVER LETTER**

SUBJECT:	HostDime.com, Inc. regist	ered agent change
DOCUMENT N	UMBER: FEIN: 2	200219734
The enclosed Sta	tement of Change of Registered Office/	Agent and fee are submitted for filing.
Please return all	correspondence concerning this matter to	o the following:
	Ray Fern	andez
	Name of Conta	act Person
	HostDime.c	om. Inc.
	Firm/Con	
	189 South Orange A	Ave. suite 1500S
	Addre	SS
	Orlando, FL	, 32801
	City/State and	Zip Code
	legal@hostdi	me.com
	E-mail address: (to be used for fut	ure annual report notification)
For further inform	mation concerning this matter, please cal	1:
	Ray Fernandez	at ( 407 ) 492-7980
N	ame of Contact Person	at (407) 492-7980 Area Code & Daytime Telephone Number
Enclosed is a \$35	5.00 check made payable to the Departm	ent 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 drange Ave suite 15005 ==	
orlando PC 32801 ==	Ŋ
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6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):	T
Ray Fernandez	لک
189 South orange Ave. Suite 15005 P.O. Box NOT acceptable	
Orlando FL 32801	
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.	
5/11 CC Emmanuel ViVar	
Signature of an officer or director 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 performanc 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.	e S ?
Signature of Registered Agent Date	
Signature of Registered Agent Date	
If signing on behalf of an entity:	
Typed or Printed Name	

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

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