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To:

Division of Corporations

fax Number

: (850)617-6380

From:

Account Name : CORPORATION SERVICE COMPANY

Account Number : 120000000195 Phone : (850)521-1000 Fax Number : (850)558-1575

REGISTERED AGENT CHANGE

POSTGORILLA INC.

Certificate of Status	0
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Page Count	02
Estimated Charge	\$35.00

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2009 MAR | R PM 3: 0

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

statement of chi	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statute ange is submitted for a corporation organized under the laws of the State of Florid er to change its registered office or registered agent, or both, in the State of Florida	da	
I. The name of	the corporation: POSTGORILLA INC.		_
2. The principal	office address: 22000 AOL Way, Dulles, VA 20166	<u> </u>	<u></u>
3. The mailing	address (if different):		- -
4. Date of incor	poration/qualification: 01/01/2006 Document number: P05000161	540	<u>-</u>
5. The name an	d street address of the current registered agent and registered office on file with the rument of State:		
	GAVIN W HALL	7., 2	
	13172 LEXINGTON SUMMIT	2009 MAR SECRET	
	ORLANDO, FL. 32828	IAR I	
6. The name an (if changed):	d street address of the new registered agent (if changed) and /or registered office	09 MAR 18 PM 3: 03 ECRETARY OF STATE LLAHASSEE, FLORIO	
	Corporation Service Company	STAT CREAT	
	1201 Hays Street	DA CS	
	(P.O. Box NOT acceptable)		
	Tallahassee, FL 32301		
The street addr as changed wil	ess of its registered office and the street address of the business office of its regis i be identical.	stered agent,	
Such change w authorized by t	as authorized by resolution duly adopted by its board of directors or by an office he board, or the corporation has been notified in writing of the change.	ar so	
<u> </u>	M Tulk Assist	<u>unt Secve</u>	tary
By: (Si	the appointment as registered agent and agree to act in this capacity, to comply with the provisions of all statutes relative to the proper and complete and I am familiar with and accept the obligation of my position as registered agening filed merely to reflect a change in the registered office address, I hereby consider the property of this change. Service Company The provided Agent (Date)	performance it. Or if this firm that the	Ź
If signing on b	Maltinew Young		
 ;	as its agent Typed or Printed Name)		
,	a Shara ne surmane numen		

* * * 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)