Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023

Phone : (850)222-1092

: (850)878-5368

Fax Number **Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. ** On Email Address: Email Address:

REGISTERED AGENT CHANGE UNLIMITED LANGUAGES, INC.

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$35.00

30

COVER LETTER

Division	ent Section of Corporations		
SUBJECT:	UNLIMITED LANGUA	Ges, Inc.	
3000201,	Name of Corp	oration	
DOCUMENT N	UMBER:P0700	0069791	
	ement of Change of Registered Office/A	gent and fee are sul	omitted for filing.
Please return all c	orrespondence concerning this matter to	the following:	
	Kimberly Mo	cCann	
	Name of Conta	ct Person	
	Esquire Salt	utions	
	Firm/Com	pany	
	4 Penn Center, 1600 JF.	K 81vd, Ste 1210	
	Addres	S	
	Philadelphia, P	A 19102	
	City/State and	Zip Code	
	KMcCann@esquires	olutions.com	
	E-mail address: (to be used for futi	ire annual report n	otification)
For further inform	nation concerning this matter, please call	I :	
	Saul Slowik	at (215)	399-9449 aytimo Telephone Number
N _i	ame of Contact Person	Area Code & D	aytime Telephone Number
Enclosed is a \$35	.00 check made payable to the Departme	ent of State.	•
	Mailing Address: Amendment Section	Street Addı Amendmer	res: nt Section
	Division of Corporations	Division of	f Corporations
	P.O. Box 6327 Tallahassee, FL 32314	Clifton Bu	
	radanassee, FL 32314		utive Center Circle

CR2E045 (8/05)

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

statement of	change is submitted for a corpora	02, 617.0502, 607.1508, or 617.1508, Floric ation organized under the laws of the State (of Florida
		ce or registered agent, or both, in the State of	of Florida.
	of the corporation: UNLIMITED		
2. The princi	pal office address: 108 SE 8TH A	VENUE, SUITE 112, PORT LAUDERDALE	FL 33301 US
3. The mailin	ng address (if different):		
4. Date of in	corporation/qualification: 0	06/14/2007 Document number:	P07000069791
	and street address of the current repartment of State: (If resigned, ea	registered agent and registered office on file nter resigned)	
	CANEDA, NINETTE		AL SE
	2421 N. 56TH TERRACE		2018 OCT 12 SECRETARY TALL AHASS
,	HOLLYWOOD FL 33021 US		m
6. The name (if change	-	istered agent (If changed) and /or registered	으로 가
	C T Corporation System		- 5 H 80
	c/o C T Corporation System, 1	1200 South Pine Island Road	
		P.O. Bax NOT acceptable	=
	Plantation, Florida 33324		
The street as	ddress of its registered office and will be identical.	d the street address of the business office of	of its registered agent.
Such change authorized l	e was authorized by resolution d by the board, or the corporation i	luly adopted by its board of directors or by has been notified in writing of the change.	an officer so
		Domenick DiCicco, EVP &	
	galius at an wheer or director cept the appointment as registers ree to comply with the provision , und I am familiar with and acc , being filed merely to reflect a c has been notified in writing of t	ed agent and agree to act in this capacity, is of all statutes relative to the proper and cept the obligation of my position as regist thange in the registered office address. I his change.	
By:	C T Corporation System	Ohhoria	7. 4 1./\
	Signature of Registered Agent	Date	
If signing o	n behalf of an entity: ANN J. WILLIAMS Assistant Vice President		
	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)