P97000100024

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



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SECRETASSEE, FLORIE
TALLAHASSEE, FLORIE

ADR 3/2/11



1203 Governors Square Blvd Tallahassee, FL 32301-2960

850 222 1092 tel 850 878 5368 fax www.ctlegalsolutions.com

March 2, 2011

Department of State, Florida Clifton Building 2611 Executive Center Circle Tallahassee FL 32301

Re: Order #: 8083738 SO

Customer Reference 1: None Given Customer Reference 2: None Given

Dear Department of State, Florida:

Please obtain the following:

Blue Spike, Inc. (FL) Change of Agent Florida

Enclosed please find a check for the requisite fees. Please return document(s) to the attention of the undersigned.

If for any reason the enclosed cannot be processed upon receipt, please contact the undersigned immediately at (850) 222-1092. Thank you very much for your help.

Sincerely,

Connie R Bryan Senior Fulfillment Specialist Connie.Bryan@wolterskluwer.com

COVER LETTER

| TO: Amendment Division of C | Section Corporations | | |
|-----------------------------|---|--|------------------|
| SUBJECT: | Blue Spike Name of | e, Inc. Corporation | |
| | T tuille of | corporation | |
| DOCUMENT NUM | BER:P | 97000100024 | |
| The enclosed Stateme | ent of Change of Registered Offi | ice/Agent and fee are submitted | for filing. |
| Please return all corre | espondence concerning this matt | er to the following: | |
| _ | Rochelle M. Thon | nas, Senior Paralegal | |
| | Name of C | ontact Person | |
| _ | | 1 Street, #1200, Stamford, CT 0690 Company | 01 |
| _ | | Broad Street, 12th Floor dress | |
| _ | Stamford City/State | I, CT 06901 and Zip Code | |
| | Scott@blu | espike.com | |
| E | | future annual report notificat | ion) |
| For further information | on concerning this matter, please | e call: | |
| | . Thomas, Senior Paralegal | at (212) | 277-6765 |
| Name | of Contact Person | Area Code & Daytime | Telephone Number |
| Enclosed is a \$35.00 | check made payable to the Depa | ertment of State. | |
| | Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 | Street Address: Amendment Section Division of Corporation Clifton Building 2661 Executive Co | rations |

Tallahassee, FL 32301

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

| statement of ch | hange is submitted for a cor | poration organiz | , 607.1508, or 617.1508, Flor zed under the laws of the State red agent, or both, in the State | e of Florida |
|---|--|--|---|--|
| 1. The name of | f the corporation: BI | ue Spike, Inc. | | |
| 2. The principa | al office address: 16/11 CC | mins Avenue, #2. | 505, Sunny Isles Beach, FL 331 | 160 |
| 3. The mailing | | | | |
| 4. Date of inco | orporation/qualification: | | Document number: | P97000100024 |
| | nd street address of the curn artment of State: (If resigne | | ent and registered office on fil | le with the |
| | Victor M. Alvarez | | | and the second s |
| | Wachovia Financial Center | , 200 S. Biscayno | e Blvd., Suite 4750 | ZOIN MAR -2 SECRETARIASS |
| | Miami, FL 33131-2352 | | · · · · · · · · · · · · · · · · · · · | 一哥一 |
| 6. The name ar (if changed) | | registered agent | (if changed) and /or registere | d office PH 12: 03 |
| | CT Corporation System | | | ORIG |
| | c/o CT Corporation System | | | |
| | | P.O. Box NOT | acceptable | |
| | Plantation, Florida 33324 | | | |
| The street add as changed wi | ress of its registered office Il be identical. | and the street a | ddress of the business office | of its registered agent, |
| Such change vauthorized by | was authorized by resolution the board, or the corporation | on duly adopted on has been not | by its board of directors or bified in writing of the change | oy an officer so e. |
| Signal | ture of an officer or director | | Scott Moskowitz Printed or typed name | |
| I hereby accept further agree of my duties, a document is be corporation he | of the appointment as regise to comply with the provise and I am familiar with and eing filed merely to reflect as been notified in writing | tered agent and ions of all statu accept the oblig a change in the of this change. | agree to act in this capacity tes relative to the proper and gation of my position as regis registered office address, I i | , d complete performance stered agent. Or, if this hereby confirm that the |
| By: CT | Corporation System | | 03-01-01 | 2 <i>11</i> |
| S | ignature of Registered Agent | | 03-0/-20 Date | |
| · · · | pehalf of an entity: | | | |
| | ohan R. Dindyal Vice President | | | |
| , | THE RESIDENCE OF THE PARTY OF T | | | |

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