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🌁 CFRÁ, LLC

REGISTERED AGENT SERVICES A SUBSIDIARY OF CARLTON FIELDS

Corporate Center Three at International Plaza 4221 W. Boy Scout Blvd, 10th Floor Tampa, Florida 33607-5736 Mailing Address:
P. O. Box 3239
Tampa, Florida 33601-3239
Tel (813) 223-7000 Fax (813) 229-4133

April 26, 2007

Division of Corporations P. O. Box 6327 Tallahassee, Florida 32314

Re: BLOWN AWAY, LLC

Dear Sir:

Please find enclosed a Change of Registered Agent form for Blown Away, L.L.G. Also enclosed is Carlton Fields' Check No. 41692 in the amount of \$25.00 for the filing feel.

Very Truly Yours,

Melissa L. Blair Administrative Assistant

JFB/rpd Enclosures AMELITATION OF THE PROPERTY OF

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the limited	d liability compa	any is: BLO	WN AWAY, L.I	c.			·
2. The mailing address of	the limited liab	ility compan	y is : <u>PO BC</u>	X 618271			
ORLANDO, FL 32861-8271	l		•				
						•	
01/16/2001				00000924			
3. Date of filing/registration	on in Florida		4. D	ocument num	iber		
5. The name of the register Florida Department of S		e registered	office addre	ss as shown c	n the record	ls of the	
	DECUBELLIS	& MEEKS	S, P. A.		•	,	
· · · · · · · · · · · · · · · · · · ·		Nam	ie	_			
· · · · · · · · · · · · · · · · · · ·	837 N. GARLA		•				
	<u> </u>	Addre	ess				
	ORLANDO, FL						
,		City, State	and Zip	•		`	
6. The name and address o	f the new regist	ered agent a	nd/or office:		Þω	2:	
	CFRA, LLC	•		•	L.E.		
-	CFRA, LLC	Nama			AR H	APR	
	4221 W. BOY S	Name SCOUT BLV	D., 10TH FL	OOR	AS:	₹ 30	ENSTRUMENT ADMITTERES
-	Florida street a		·-·		9338 1.43	0	(Perpey
	Tiorida street t	,	. Dok NOT	acceptatole),	77	- 32	[]]
	TAMPA	FL	33607		TO TO		
	·	City, State a	nd Zip		58	23	•
If the limited liability components of the business office of the liability company, it is here of the members of the limit of the operating agreement	ange or changes the registered ag eby confirmed t ited liability cor	s are made, to gent will be in that the chang many or as	he Florida st dentical. Or ge(s) was/we otherwise pr	reet address or, in the case of the case o	of the registe of a Florida I by an affin	nereby ered off limited mative	vote
(Signature of a member or authoriz	ed representative of	a member) .	. ,			1	
Ron Barnott							
(Printed or typed name of signee)			.				٠,
I hereby accept the appoint comply with the provisions and I am familiar with and Chapter 608, F.S. Or, if the address, I hereby confirm t	ntment as registe of all statutes r accept the obli is document is t that the limited	ered agent a relative to the gations of m being filed to liability com	nd agree to de proper and y position as merely refluency has be	act in this cap I complete pe Is registered a ect a change en notified in	pacity. I fur rformance of gent as prov in the regist writing of to	ther ago of my divided for ered off his chai	ree to ities, r in fice nge.

(Signature of Registered Agent)