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Прокир Пиих Пии				
PICK-UP WAIT MAIL				
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Certified Copies Certificates of Status				
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SECREDARY DESTATE

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 liabi	ity company is: Blackthorn	/B, LLC	·	
2. The mailing address of the lin	nited liability company is: 9	One Armstrong Place		
Butler, PA 16001				
09/11/2003		L03000034436		
3. Date of filing/registration in Florida		4. Document number		
5. The name of the registered ag Florida Department of State:	ent and the registered office	address as shown on the	records of the	
Allen	Goins, AG Armstrong Developr	ment, Inc	-	
13801	Name N Dale Mawbry Hwy Suite 20 Address	· · · · · · · · · · · · · · · · · · ·	06	
Tamp	a, FL 33618 City, State and Zi	<u> </u>	O6 NOV	
6. The name and address of the	• •	_	ASSET I	
NRAL	Services, Inc.	<u></u>		
	Namc Executive Park Drive, Suite 4		9: 39	
Flor	da street address (P.O. Box	NOT acceptable)		
Westo	n <u>FL</u> 33331	<u> </u>	- E1	
	City, State and Zip			
If the limited liability company confirmed that after the change and the business office of the reliability company, it is hereby cothe members of the limited liabilithe operating agreement of the limited liability.	or changes are made, the Flor sistered agent will be identic infirmed that the change(s) white company or as otherwise	rida street address of the	registered office	
(Signature of a member or authorized repr	esentative of a member)		. 	
(Printed or typed name of signee)	<u> </u>		4 .	
I hereby accept the appointmen comply with the provisions of all and I am familiar with and acce Chapter 608, F.S. Or, if this do address. Thereby donfirm that to NRALS or fices, inc.	t as registered agent and agi I statutes relative to the proport of the obligations of my posi cument is being filed to mere he limited liability company i	ree to act in this capacit er and complete perfori tion as registered agent ely reflect a change in th has been notified in writ	y. I further agree to nance of my duties, as provided for in e registered office ing of this change.	
(Signature of Registered Agent)	Asst Sec.	e e e e e e e e e e e e e e e e e e e		
Division of C	orporations, P.O. Box 632	7, Tallahassee, FL 323	14	

FILING FEE: \$25.00

INHS18(10/99)