## MU3000003492

Office Use Only



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SECRETARY OF STATE
FALLAHASSEE, FLORIO



ACCOUNT NO. : 072100000032 7452534 REFERENCE COST LIMIT ORDER DATE: March 13, 2007 ORDER TIME : 10:04 AM ORDER NO. : 800407-010 CUSTOMER NO: 7452534 CHANGE OF AGENT NAME: SHAC, LLC PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: CERTIFIED COPY PLAIN STAMPED COPY

EXAMINER'S INITIALS:

CONTACT PERSON: Cindy Harris

## 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 limite	d liability company i	s: SHAC, L	LC	
2. The mailing address of	the limited liability	company is	:	<u> </u>
2204 Lakeshore Drive, Suite 2	15, Birmingham, AL 35	209		
October 20, 2003			M03000003492	
3. Date of filing/registration in Florida		4. Document number		
or bare or ming registrati	······································			
5. The name of the registe Florida Department of S		gistered offic	ce address as shown	on the records of the
	CT	Corporation Sy	ystem	750
Name				
1200 South Pine Island Road Address				
Plantation, FL 33324			器心	
		y, State and		SE P
6. The name and address of	of the new registered	agent and/o	r office:	
	e iie ;; registered	agent and		R-2 PH 1:43 HASSEE, FLORI
	Corporat	tion Service C	ompany	
	12	Name 01 Hays Street		ア
•			x NOT acceptable)	
	Tiorida street addie	.33 (1 .O. DO	x 1101 acceptable)	
	Tallahassee	FL	32301	
	City,	State and Z	ip	
If the limited liability com confirmed that after the ch and the business office of liability company, it is her of the members of the lim or the operating agreemen	ange or changes are the registered agent to eby confirmed that the tited liability compant of the limited liabil	made, the F will be ident he change(s ay or as othe ity company	lorida street address	of the registered office
(Signature of a member or authorize	zed representative of a men	iber)	_	
	Authorized	1 Repres	untative	
(Printed or typed name of signee)  I hereby accept the appoint the provisions and I am familiar with and Chapter 608, F.S. Or, if the address, I hereby confirm  (Signature of Registered Agent)	ntment as registered sof all statutes relative accept the obligation is document is being that the limited liability of the limited liability. Reference of the limited liability of the limited liability of the limited liability of the limited liability. Reference of the limited liability of the	w		ipacity. I further agree to erformance of my duties, agent as provided for in In the registered office In writing of this change.

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00