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ACCOUNT NO. : 072100000032 REFERENCE : 070224 7580852 AUTHORIZATION COST LIMIT ORDER DATE: August 24, 2007 ORDER TIME : 10:04 AM ORDER NO. : 070224-010 CUSTOMER NO: 7580852 CHANGE OF AGENT NAME: HARMON SOLUTIONS GROUP, LLC PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: . CERTIFIED COPY PLAIN STAMPED COPY CONTACT PERSON: Kelly Courtney EXAMINER'S INITIALS:

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.

 The name of the limited liability company is: The mailing address of the limited liability company 			
01/11/2006		M0600000181	
3. Date of filing/registration in Florida		4. Document number	
5. The name of the registered agent and the regis Florida Department of State:	stered offic		
CTC	orporation S	ystem	
	Name	1,2	
	ıth Pine İslar	nd Road	
	Address		
	ation, FL 33	324 55 0	
City,	State and	Zip Signatura	
6. The name and address of the new registered ag	gent and/o	or office:	
Corporatio	on Service C	nd Road 3324 Zip or office:	
	Name		
1201	Hays Street	t	
Florida street address	s (P.O. Bo	x NOT acceptable)	
Tallahassee	FL	32301	
City, S	state and Z	Cip	
If the limited liability company is not organized confirmed that after the change or changes are mand the business office of the registered agent will liability company, it is hereby confirmed that the of the members of the limited liability company or the operating agreement of the limited liability. (Signature of a member or authorized representative of a member)	nade, the Fill be idented to change(so or as other y company	lorida street address of the registered office tical. Or, in the case of a Florida limited) was/were authorized by an affirmative vote trwise provided in the articles of organization	
(Printed or typed name of signee)		_	
I hereby accept the appointment as registered as comply with the provisions of all statutes relative and I am familiar with and accept the obligation. Chapter 608, F.S. Or, if this document as lightly address. I hereby confirm that the limited lightly in the confirmation is being faddress. I hereby confirm that the limited lightly.	gent and a to the pro s of my po filed to me	ngree to act in this capacity. I further agree to oper and complete performance of my duties, sition as registered agent as provided for in the registered office	

(Signature of Registered Agent) Michelle R. Vannoy, Assistan VP

Division of Corporations, P.O. Box 6327, Tallah

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