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| EZON INC 1100 5TH AVENU SUITE 210 NAPLES, FLORID | , |
|---|---------------|
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| (0), (0, 1, 17), (0), | |
| (City/State/Zip/Phone # | F) |
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LIMITED PARTNERSHIP STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT, OR BOTH

Pursuant to the provisions of sections 620.105 and 620.1051, Florida Statutes, the undersigned limited partnership submits the following statement in order to change its registered office or registered agent, or both, in the state of Florida.

| Name of the limited partnership | |
|---|--|
| 2. 12-27-00 Date of filing/registration in Florida 3. A 00 0 00 0 2065 Document number assigned | |
| 4. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State: TACK O. TACKETT Name 1100 FIFTH AVE SOUTH STE 401 Address NAMILES, FL 34102 | |
| 5. The name and address of the new registered agent and/or office: GARY E ITTNEA | |
| City, State and Zip 6. Such change(s) was/were authorized by the general partners. Signature of General Partner | |
| Thereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the limited partnership has been notified in writing of this change. | |

Make checks payable to Florida Department of State and mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 Filing Fee: \$35.00

Signature of Registered Agent