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Division of Corporations

34 HOLLAND&KNIGHTIS

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Florida Department of State

Division of Corporations Public Access System

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HEGRETARY OF STATE

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REGISTERED AGENT CHANGE

BS GENTERPRISES, INC.

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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

| statement of ch | ange is submitted for a corporation organ | 12, 607.1508, or 617.1508, Florida Statutes, this sized under the laws of the State of Florida ered agent, or both, in the State of Florida. | |
|--|--|---|---------------|
| i. The name of | the corporation: BSG Enterprises, In | ic. | |
| 2. The principal | office address: 8526 S Tamlami Trail | | |
| | Sarasota, FL 34231 | | |
| 3. The mailing | nddress (if different): | | |
| 4. Date of incor | poration/qualification: 10/2/1986 | Document number: <u>J36115</u> | |
| | d street address of the current registered againment of State: | gent and registered office on file with the | |
| | Albert Berger | | |
| | Tird 2 184 and to a 1870 and the | | |
| | Saresote, FL 34241 | <u> </u> | 05 |
| The name and (if changed): | f street address of the new registered agen | → | 5 DEC 29 |
| | John Gudelsky | | |
| | 425 Meadow Lark Drive | P S | |
| | (P.O. Box NOT acceptable) | ت فتند تنه | |
| | Sarasota, FL 34236 | 57 52 ST. 52 | . ! |
| The street address changed will | ess of its registered office and the street a be identical. | iddress of the business office of its registered agent, | |
| Such change we authorized by th | as sutherized by resolution duly adopted to board, or his corporation has been not | by its board of directors or by an officer so ified in writing of the change. | |
| | | Albert Berger | |
| v | e of well beer or director) | (Printed or typed name and fille) | |
| i hereby accept I further agree t of my duties, an document is bei corporation has | the appointment as registered agent and to comply with the provisions of all statu at an familiar with and accept the obling in filed mareix of reflect a change in the been notified in writing of this change. | agree to act in this capacity, les relative to the proper and complete performance cation of my position as registered agent. Or, if this registered office address, I hereby confirm that the | |
| Cyllen | / felan | December 2005 | |
| (\$) | retain of Registered Agent) | (Data) | |
| If signing on he | half of an entity: | | |
| (1 | yped or Printed Name) | | |

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MAKE CHECKS PAYABLE TO FLORIDA DEFARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (8/05)