

FROM HILL, WARD, HENDERSON, P.A.

(THIS) 5-11-64 / (SE) 13-07 / NO. 42-02948-2 P 1

Looooooooooooo 382

Handwritten notes: "Clerk 8-6-64" and "pages 2"

Katherine Harris, Secretary of State

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To: Division of Corporations  
Fax Number : (850) 205-0380

From: Account Name : HILL, WARD & HENDERSON, P.A. II  
Account Number : 072100000520  
Phone : (813) 221-3900  
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DIVISION OF CORPORATION

# REGISTERED AGENT CHANGE

**EVEREST PARTNERS, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

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

Pursuant to the provisions of Section 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 liability company is **EVEREST PARTNERS, LLC.**
2. The mailing address of the limited liability company is: **100 North Tampa Street, Suite 2030  
Tampa, Florida 33602**
3. Date of filing/registration in Florida: 1/10/2000    4. Document Number: L00000000382

5. The name and address of the current registered agent and the registered office address as shown on the records of the Florida Department of State:

Stephen B. Straske II, Esq., 101 East Kennedy Boulevard, Suite 3700, Tampa, Florida 33602

6. The name and address of the new registered agent and office:

Thomas W. Black, 101 East Kennedy Boulevard, Suite 3700, Tampa, Florida 33602

The street address of its registered office and the street address of the business office of its registered agent, as changed, will be identical.

Such change was authorized by an affirmative vote of the members of the limited liability company

SIGNATURE: 

Harry C. Flowers, Member

DATE: 3/22/01

I HEREBY 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 FOR MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT AS PROVIDED FOR IN CHAPTER 608 F.S.

SIGNATURE: 

Thomas W. Black, Registered Agent

DATE: May 2, 2001

FILED

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TALLAHASSEE, FLORIDA  
SECRETARY OF STATE