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ABEL BAND ATTORNEYS AND COUNSELORS AT LAW Mailing Address: P.O. Box 49948, Sarnsota, FL 34230-6948		
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SECRETARY OF STATE
ALL AHASSEE, FLORIDA

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 limited liability compar	ny is: SANDCASTLES OF SARASOTA, LLC
2. The mailing address of the limited liabil	ity company is : 1905 Morrill Street, Sarasota, FL 34236
05/12/2000	L0000005490
3. Date of filing/registration in Florida	4. Document number
5. The name of the registered agent and the Florida Department of State:	registered office address as shown on the records of the
Chmieleski, I	Phillip J.
	Name
3420 Gulfmea	id Drive
Address	
Sarasota, FL 34242 City, State and Zip	
	City, State and Zip
6. The name and address of the new register	Address 34242 City, State and Zip red agent and/or office: min R. Name ple Ave., 10th Floor
Hanan, Benja	min R.
	Name 22
240 S. Pineapple Ave., 10th Floor 3	
Florida street ad	Idress (P.O. Box NOT acceptable)
Sarasota	FL 34236
	ity, State and Zip
	•
confirmed that after the change or changes a and the business office of the registered age liability company, it is hereby confirmed the of the members of the limited liability comport the operating agreement of the limited liability comports the operating agreement of the limited liability components.	
(Signature of a member of authorized representative of a	member)
Philip Chmilles Ki (Printed or typed range of signee)	
I hereby accept the appointment as register comply with the provisions of all statutes reand I am familiar with and accept the obliga Chapter 608, F.S. Or. if this document is be address. I hereby confirm that the limited lie	red agent and agree to act in this capacity. I further agree to lative to the proper and complete performance of my duties, ations of my position as registered agent as provided for in sing filed to merely reflect a change in the registered office ability company has been notified in writing of this change.

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