



CORP-LINK
services, inc.

118 West Edwards
Suite 200
Springfield, Illinois 62704

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L00000005797

FILING REQUEST

To: State of Florida
Date: 5-1-01
From: Stephanie Picco
Re: Knights-Laurel, L.L.C.

Type of Document: Change of Agent

XX File with Secretary of State of Florida

XX Enclosed check in the amount of \$25.00

XX Proof of filing needed

XX Return first class mail to:

Corp-Link Services, Inc.
Attn: Stephanie
118 West Edwards Street
Springfield, IL 62704

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*****25.00 *****25.00

****IF REJECTED PLEASE CALL

Thank you in advance for your assistance.

L00-5797
AL

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 company is: Knights-Laurel, L.L.C.
2. The mailing address of the limited liability company is : 899 Knights Trail, Nokomis, FL 34275

04/20/2000
3. Date of filing/registration in Florida

L00000005797
4. Document number

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

CT Corporation System
Name
1200 South Pine Island Road
Address
Plantation, FL 33324
City, State and Zip

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

NRAI Services, Inc.
Name
526 E. Park Avenue
Florida street address (P.O. Box NOT acceptable)
Tallahassee FL 32301
City, State and Zip

FILED
01 MAY -7 PM 3:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

[Signature]
(Signature of a member or authorized representative of a member)

JAMES B. PIUSKI, authorized representative
(Printed or typed name of signee)

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 of 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. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

[Signature]
(Signature of Registered Agent)

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314