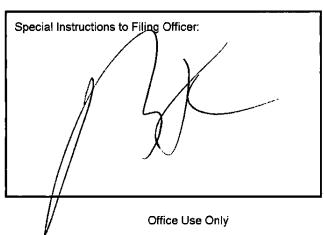
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DESKLOVENT ON STATE
VISION OF CORPORATION
THE LANGUAGE CORPORATION



ACCOUNT NO. : 072100000032

REFERENCE: 159338 4304492

AUTHORIZATION

COST LIMIT

ORDER DATE: June 6, 2006

ORDER TIME : 3:28 PM

ORDER NO. : 159338-010

CUSTOMER NO: 4304492

CHANGE OF AGENT

NAME: CARRIAGE COVE, LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Amanda Haddan -- EXT# 2955

EXAMINER:

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: CARRIAGE C	OVE, LLC	
2. The mailing address of t	he limited liability	company is : _13	886 Carriage Cove	Way, Sanford, FL 32773
9/6/2000			L00000010722	•
Date of filing/registration	n in Florida	4	4. Document number	
5. The name of the register Florida Department of Se	ed agent and the rea	gistered office ac	ldress as shown	on the records of the
_	•	Mike Campbell		_
		Name		1. 28
1886 Canova Street S.E.				
Address				
-	Palm Bay, FL 32909 City, State and Zip		2006 JUN -6 SECRETARY TALLAHASS	
6. The name and address of		•	ice:	6 AM SSEE-I
	Согрога	tion Service Compa	ny	FL ST
-	Name 1201 Hays Street		9: 41 STATE FLORID:	
_	Florida street addre	ess (P.O. Box No	OT acceptable)	
	Tallahassee	FL	32301	
_	City	, State and Zip		
If the limited liability compconfirmed that after the cha and the business office of the liability company, it is here of the members of the limit or the operating approximate. (Six assure of a member or authorized)	nge or changes are ne registered agent by confirmed that t ted liability compar of the limited liabi	made, the Floric will be identical the change(s) wany or as otherwis lity company.	la street address Or, in the cases/were authoriz	s of the registered office e of a Florida limited ed by an affirmative vote
James R. Goldma	n, Authorized	Representati	ve ·	
(lighted or typed name of signee) I hereby accept the appoin comply with the provisions	tment as registered of all statutes relat	agent and agree	to act in this c	apacity. I further agree to
I hereby accept the appoin comply with the provisions and I am familiar with and Chapter 608, F.S. Or, if th address, I hereby confirm t	accept the obligati is document is bein not the limited liab	ons of my position of filed to merely lity company ha	n as registered reflect a chang s been notified	agent as provided for in e in the registered office in writing of this change.
Lauak Du		— Laura	R. Dunlap	
(Signature of Registered Agent)	\cup	as i	ts agent	
Division	of Corporations, FILI	P.O. Box 6327, ' NG FEE: \$25.0	Fallahassee, Fl	L 32314

INHS18 (8/05)