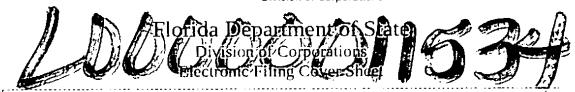
Division of Corporations



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H190000760133)))



To:	Division of Corporations		
	Fax Number : (850)617-6	383	
From:	A News DECTOREDES	ACCUTE INC	
	Account Name : REGISTERED Account Number : I200900000		
	Phone : (307)200-2 Fax Number : (855)330-1	2803	
	Lax Mampel : (033)330-1	1010	32 36
Enter the	email address for this busine	ss entity to be u	sed for future
annual	report mailings. Enter only o	one email address	please.
Email	Address:		
	LLC REGISTERED AG	ENT CHANGE	130 H
	WAVERLY REAL		⊩ 37 IE _A
	Certificate of Status	0	
	b		
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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, 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.

. Name of the limited liability company: Wave	erly Realty, LLC
(a) 1309 SAXONY ROAD	(b) 1309 SAXONY ROAD
Principal office address of limited liability compar (Note: MUST BE STREET ADDRESS)	
ENCINITAS, CA 92024	ENCINITAS, CA 92024
09/25/2000	L00000011534
. Date of filing/registration in Florida	4. Document number
. (a) GARBARINO, DANINE	
Registered Agent and Registered Office shown on the reco	cords of the Florida Dept of State:
20311 SW 48TH STREET	
Registered Office Address (MUST BE FLORIDA ST)	
SOUTHWEST RANCHES	————————————————————————————————————
(b) Registered Agents Inc.	E
Enter name of NEW Registered Agent and/or NEW Reg	
7901 4th St N	DA 37
NEW Registered Office Address:	
STE 300	
St. Petersburg	33702
ne change or changes are made, the Florida street addr gent will be identical. Or, in the case of a Florida lim	r the laws of the State of Florida, it is hereby confirmed that after dress of the registered office and the business office of the registere mited liability company, it is hereby confirmed that the change(s) imbers of the limited liability company or as otherwise provided in it of the limited liability company.
Rilly Pak.	Riley Park
Signature of a member of authorized representative of a member	
rovisions of all statutes relative to the proper and con he obligations of my position as registered agent as pro merely reflect a change in the registered office addr affled in spriting of this change.	and agree to act in this capacity. I further agree to comply with the omplete performance of my duties, and I am familiar with and accept provided for in Chapter 605, F.S. Or, if this document is being filed iress, I nereby confirm that the limited liability company has been assistant Secretary

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

Signature of Registered Agent