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August 16, 2001

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

To Whom It May Concern:

Enclosed please find the following:

100004555291--5 -08/20/01--01117--011 \*\*\*\*100.00 \*\*\*\*\*\*25.00

- 1. Amendment to change the address of the LLC
- 2. Statement of change of registered agent
- 3. Amendment to add Richard Craig Hall as an Authorized Member of the LLC
- 4. Amendment to change the name of the LLC to Research Capital, LLC
- 5. A check for \$100 to cover the filing fees to effect the above four (4) modifications

If you have any questions, please contact me immediately at 941.366.6677.

Thank you for your assistance with this matter.

Sincerely,

RESEARCH CAPITAL PARTNERS, LLC

Carl Smith, HI

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

101-414 CX 55.00

## 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:

RESEARCH APITAL PARTNERS LLC.

2. The mailing address of the limited liability company is: 1819 MAIN STREET,

Suite 602; SARASOTA, F. 34236

1/10/2001

3. Date of filing/registration in Florida

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:

NATTHEW A. VEAL

1004 MARLIN LAKES CIRCLE, #211

SARASOTA FL 34232

City, State and Zip

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

DAVID SIDDONS

1819 MAIN ST., SUITE 602

Florida street address (P.O. Box NOT acceptable)

COORDON 24226

City, State and Zip

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 of a member of authorized representative of a member)

(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 auties, 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 of Registered Agent)

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

**FILING FEE: \$25.00**