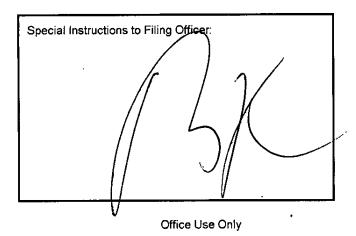
L01000004972

	(Requestor's Name)				
	(Address)				
((Address)				
	(City/State/Zip/Phone #)				
PICK-UP	WAIT	MAIL			
((Business Entity Name)				
(Document Number)					
Certified Copies	Certificates of S	Status			

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07 FEB 28 PM 4: 11 SECRETARY OF STATE ALLAHASSEE, FLORE

TO ACKNOWLEDGE SUFFICIENCY OF FILING DEPARTMENT OF STATE IVISION OF CORPORATIONS
2007 FEB 28 PM I2: 53



ON SERVICE COMPANY
ACCOUNT NO. : 072100000032
ACCOUNT NO. : 072100000032 REFERENCE : 776736 4304417
AUTHORIZATION :
COST LIMIT : \$25.00
ORDER DATE : February 26, 2007 ORDER TIME : 11:14 AM
ORDER NO. : 776736-010
CUSTOMER NO: 4304417
CHANGE OF AGENT
NAME: CLIFFORD FORT MEYERS, LLC
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:
CERTIFIED COPY XX PLAIN STAMPED COPY
ì
CONTACT PERSON: Doreen Wallace EXT# 2928
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 lia	bility company is	: CLIFFORD F	ORT MEYERS, LLC	
2. The mailing address of the	limited liability c	ompany is:		
6215 Stone Road, Suite 100, Port R	•			
03/30/2001	~		L01000004972	
3. Date of filing/registration in	n Florida	-	. Document num	Der
5. The name of the registered a Florida Department of State	agent and the regi	stered office ac	ldress as shown or	the records of the
·-	Me	ark L. Orustein		
		Name	······································	ASE OF
	940 1	Highland Avenue		上级 刑 不
		Address		王山 8
		ando, FL 32803		33 6
	City,	State and Zip		Six 2 1
6. The name and address of the	new registered a	gent and/or of	iice:	FEB 28 PH 4: 11 ECKETARY OF SIAIE A
	Corporation	on Service Compa	my	95 T
		Name I Hays Street		Om Om
Flo	rida street addres		OT acceptable)	
	Tallahassee	FL	32301	
 -	City, S	State and Zip		
If the limited liability company confirmed that after the change and the business office of the reliability company, it is hereby of the members of the limited or the operating agreement of the limited of the operating agreement of the confirmed by the confirme	or changes are megistered agent we confirmed that the liability company he limited liability	nade, the Florid ill be identical, c change(s) was or as otherwis y company.	la street address of Or, in the case of s/were authorized	f the registered office f a Florida limited by an affirmative vote
Gregg Schneider, Manager (Printed or typed name of signee)		····	•	
I hereby accept the appointme comply with the provisions of a and I am familiar with and acc Chapter 608, F.S. Or, if this do address, I hereby confirm that	-Vanni	7		icity. I further agree to formance of my duties, ent as provided for in i the registered office vriting of this change,
751.1.1		A To COMM !!		1004.4

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