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DEAN MEAD ORLANDO

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Division of Corporations

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Florida Department of State

Division of Corporations

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Katherine Harris, Secretary of State

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From:

Account Name : DEAN, MEAD, EGERTON, BLOODWORTH, CAPOUANO & BOZARTH, P.A.
Account Number : 076077001702
Phone : (407)841-1200
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DIVISION OF CORPORATIONS

REGISTERED AGENT CHANGE

SLICKROCK 5, LLC

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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 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: SLICKROCK 5, LLC
2. The mailing address of the limited liability company is : 236 PASADENA PLACE
ORLANDO FL 32803
- 10/04/2001 L01000017001
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:

JANICE T. HOUFF
Name
1983 CENTRE POINTE BLVD., STE. 100
Address
TALLAHASSEE FL 32308
City, State and Zip

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

F. THOMAS USTLER
Name
236 PASADENA PLACE
Florida street address (P.O. Box NOT acceptable)
ORLANDO FL 32803
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.

F. Thomas Ustler
(Signature of a member or authorized representative of a member)

F. THOMAS USTLER, Sole 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 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.

F. Thomas Ustler
(Signature of Registered Agent)
F. THOMAS USTLER

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

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TALLAHASSEE, FLORIDA

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