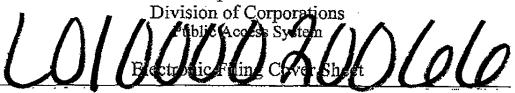
Florida Department of State



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.

(((H06000239422 3)))



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To:

Division of Corporations

Pax Number : (850)205-0380

From:

Account Name

: GASSMAN & ASSOCIATES, P.A.

Account Number : 075350000514.

: (727)442-1200

: (727)443-5829

E FEX Number

REGISTERED AGENT CHANGE 2075 S., L.L.C.

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$35.00



STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections liability company submits the followin agent, or both, in the State of Florida.	s 608.416 or 608.508, Florida Statutes, the und g statement in order to change its registered offi	ersigned limited ice or registered
1. The name of the limited liability cor	npany is: 2075 S., L.L.C.	
2. The mailing address of the limited li	iability company is : 1925 SEMINOLE BLVD.,	•
LARGO, FL 33778		
11/20/2001	L01000020066	
3. Date of filing/registration in Florida	4. Document number	
5. The name of the registered agent and Florida Department of State:	the registered office address as shown on the rec	ords of the
GASSMA	N, ALAN S ESQ.	
1245 COURT STREET, SUITE 102		
w vom		ישי יישי
CLEARWATER, FL 33756		
City, State and Zip $\sim \sim \sim \sim \sim$		
6. The name and address of the new registered agent and/or office:		
		3 340
LaVerne Pritchett		
ENGINE ENGINE		~ ÷ ± ± − −
1925 Seminole Blvd. $\sim z$ Florida street address (P.O. Box NOT acceptable)		
rionua sue	et address (P.O. Box NO1 acceptable)	
Largo	FL 33778	
	City, State and Zip	
confirmed that after the change or chan and the business office of the registered liability company, it is hereby confirmed	organized under the laws of the State of Florida, it ages are made, the Florida street address of the reg d agent will be identical. Or, in the case of a Floried that the change(s) was/were authorized by an accompany or as otherwise provided in the articles.	ristered office da limited ffirmative vote

or the operating agreement of the limited liability company.

(Signature of a member or authorized representative

LaVerne Pritchett (Printed or typed name of signee)

PRIICHELL L-AVERNE

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 configm 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

INHS18 (8/05)

Audit Fax # H060002394223