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SECRETARY OF STATE

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 limite	ed liability company is:	Checkou	it Time, LLC			
2. The mailing address of	f the limited liability cor	mpany is:	3808 S John	Young P	kwy,	
Orlando, Florida 32839						
01/02/2002			L0200000	0167		
3. Date of filing/registrat	ion in Florida		4. Documen	t number		
5. The name of the register Florida Department of	State:			own on the	records of t	he
	Nathanie	l S Zacke	ry, Jr			
	3095 Gra	Name Indola Dr				· · _
	Orlando, I	Address Florida 32	811	·		,
	City,	State and Z	íр			
6. The name and address	of the new registered ag	ent and/or	office:			
	Nathanie	el S Zacke	ery, Sr		3	
	3095 Gi	lame randola Di	,	AR AR A		•
	Florida street address	(P.O. Box	NOT acceptal	ole King		
	Orlando	FL 328			Ü	
	City, St	tate and Zi)			
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(Signature of a member or author	ized representative of a member	г)	•			
Glenda L Zackery	,					** *
(Printed or typed name of signce)	•					
I hereby accept the appoint comply with the provision and I am familiar with an Chapter 608, F.S. Or, if the address, thereby confirm	intment as registered ag is of all statutes relative d accept the obligations his document is being f that the limited liability	gent and ag to the pro- s of my pos- iled to mer y company	ree to act in the ner and comple ition as registe elv reflect a ch has been notif	is capacity ete perforn red agent i ange in the led in writi	t. I further of my as provided provided progistered ing of this ci	agree to duties, for in office hange.
(Signature of Registered Agent)						-
Divisio	on of Corporations, P.C	J. Box 632	7, Tallahassec	e, FL 3231	4	

FILING FEE: \$25.00