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	ACCOUNT NO.	: 072100000	032	
	REFERENCE	: 635583	7458063	
	AUTHORIZATION	atricia	Parit	
	COST LIMIT	: \$ 25.00	, All	
ORDER DATE :	October 5, 2005			
ORDER TIME :	9:43 AM		7.0 9	,
ORDER NO. :	635583-010		SECRETARION OF THE PROPERTY OF	<u>u</u>
CUSTOMER NO:	7458063		TIB PH	m
	<u>CHANGE OF A</u>	<u>GENT</u>	GF STATE FLORIDA	7
NAME:	REGENCY MARKE	TING, LLC	,	
PLEASE RETURN	THE FOLLOWING AS	PROOF OF FILE	ING:	·
	FIED COPY STAMPED COPY			
CONTACT PERSON	N: Amanda Haddan	EXT# 2955		_

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.

ageni, or boin, in the blace	oj i ioriaa.		
1. The name of the limited	d liability company is:	REGENCY MARKETING, LLC	
2. The mailing address of	the limited liability co	mpany is: 15340 Jog Road,	Suite 215,
Delray Beach, FL 3	3446		·
			The state of the s
January 10, 2002		L02000000997	
3. Date of filing/registrati	on in Florida	4. Document num	nber
5. The name of the registe Florida Department of S	red agent and the regis State:	tered office address as shown of	on the records of the
	Robert S.	Horwitz, Esquire	-
		Name	· · · · · · · · · · · · · · · · · · ·
v	3301 N.W. Boca Ra	ton Boulevard, Suite 200	
		Address	
	ton, FL 33431	SEC T	
		State and Zip	
6. The name and address of	of the new registered as	gent and/or office:	FILED 05 OCT 18 PH 1: 07 SECRE FASSEE, FLORID TALLAHASSEE, FLORID
	Corporation	n Service Company	四年三日
		Name	757
		lays Street	
		s (P.O. Box NOT acceptable)	7
	Tallahassee	FL 32301	
	City, S	tate and Zip	er e
confirmed that after the cl and the business office of liability company, it is her the members of the limite the operating agreement of	nange or changes are manged the registered agent with the confirmed that the datability company or of the limited liability company.	under the laws of the State of I ade, the Florida street address ill be identical. Or, in the case change(s) was/were authorize as otherwise provided in the arompany.	of the registered office
(Signature of a hierhoer or author	ized representative of a member	er)	* · **********************************
Printed or typed name of signee)	Λ		
I hereby accept the appo- comply with the provision and I am familiar with an Chapter 608, F.S. Or, if address, I hereby confirm	intment as registered a is of all statutes relative d accept the obligative this document is being that the limited liabili	gent and agree to act in this co e to the proper and complete p is of my position as registered filed to merely reflect a change ty company has been notified i Asst. Vice President	pacity. I further agree to erformance of my duties, agent as provided for in the registered office n writing of this change.

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