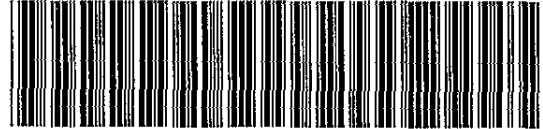


L020000002039

FILED  
03 MAY -6 PM '07

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



700016788727

05/05/03--01035--019 \*\*25.00

AL /

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood  
Secretary of State

FILED

03 MAY -6 PM 12:07

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

April 16, 2003

LRI SERVICES, LLC  
P.O. BOX 1081  
TARPON SPRINGS, FL 34688

SUBJECT: LRI SERVICES, LLC  
Ref. Number: L02000002039

We have received your document for LRI SERVICES, LLC, however, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State for \$25.00.

There is a fee of \$25.00 due.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6094.

Agnes Lunt  
Document Specialist

Letter Number: 203A00022841

**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.

03 MAY -6 PM 12:07

1. The name of the limited liability company is: LRI Services, LLC
2. The mailing address of the limited liability company is: 1844 Willow Oak Dr  
Palm Harbor FL 34683

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

3. Date of filing/registration in Florida: 1/28/03
4. Document number: L02000002039
5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

Gary Olson  
Name  
1844 Willow Oak Dr  
Address  
Palm Harbor FL 34683  
City, State and Zip

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

Rose Hiltz  
Name  
3874 Lancaster Ct. #101  
Florida street address (P.O. Box NOT acceptable)  
Palm Harbor FL 34685  
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.

[Signature]  
(Signature of a member or authorized representative of a member)

Gary Olson  
(Printed or typed name of signer)

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.

Rosemarie Hiltz  
(Signature of Registered Agent)

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