

L02000003550

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

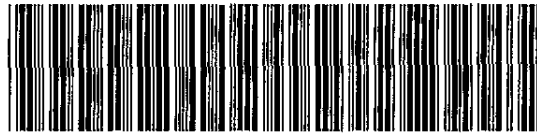
(Business Entity Name)

(Document Number)

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

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JUN 25 PM 2:19  
TALLAHASSEE, FLORIDA

FILED  
JUN 25 AM 8:44  
TALLAHASSEE, FLORIDA

*Handwritten signature/initials*

DEPARTMENT OF STATE  
ACCOUNT FILING COVER SHEET

FILED  
04 JUN 25 AM 8:44  
TALLAHASSEE, FLORIDA  
RECEIVED  
04 JUN 25 AM 10:51  
DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

Account Number FCA000000017  
Reference:  
(Sub Account) \_\_\_\_\_  
Date: 6/25/04  
Requestor Name: Carlton Fields  
Address: Post Office Drawer 190  
Tallahassee, Florida 32302  
Telephone: (850) 224-1585  
Contact Name: Kim Pullen, CLA (x5261)

Corporation Name:

CFRA, LLC

Entity Number:

L020000003550

Authorization:

Kim Pullen

☐ Certified Copy

☐ New Filings

☐ Fictitious Name

☒ Plain Stamped Copy  
☒ Amendments

☐ Certificate of Status

☐ Annual Report

☐ Registration

( X ) Call When Ready

( X ) Call if Problem

( ) After 4:30

( X ) Walk In

( ) Will Wait

( X ) Pick Up

CF Internal Use Only

Client: Firm Matter: \_\_\_\_\_

Name: Joyce Bentubo Office: TPA

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Contact Name: Kim Pullen, CLA (x5261)

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04 JUN 25 AM 8:44  
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DEPARTMENT OF STATE

Corporation Name: CFRA, LLC  
Entity Number: L020000003550  
Authorization: Kim Pullen

☐ Certified Copy  
☐ New Filings  
☐ Fictitious Name

☒ Plain Stamped Copy  
☒ Amendments

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☐ Registration

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Client: Firm Matter: \_\_\_\_\_  
Name: Joyce Bertubo Office: TPA

**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: CFRA, LLC
2. The mailing address of the limited liability company is: PO BOX 3239 TAMPA, FL 33601-3239  
NEW PRINCIPAL ADDRESS: CORPORATE CENTER THREE AT INTERNATIONAL PLAZA;  
4221 W BOY SCOUT BOULEVARD, 10<sup>TH</sup> FLOOR; TAMPA, FL 33607-5736.
3. Date of filing/registration in Florida 02/13/2002 4. Document number L02000003550
5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

WINDERS, PETER J  
Name  
ONE HARBOUR PLACE  
777 S HARBOUR ISLAND BOULEVARD, 5<sup>TH</sup> FLOOR  
Address  
TAMPA, FL 33602-5730  
City, State and Zip

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

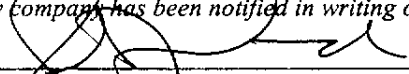
WINDERS, PETER J  
Name  
CORPORATE CENTER THREE AT INTERNATIONAL PLAZA  
Florida street address (P.O. Box NOT acceptable)  
4221 W BOY SCOUT BOULEVARD, 10<sup>TH</sup> FLOOR  
TAMPA, FL 33607-5736  
City, State and Zip

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.

Hywel Leonard, Treasurer, Carlton Fields, P.A.  
(Signature of a member or authorized representative of a member)

HYWEL LEONARD  
(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.*

  
(Signature of Registered Agent) Peter J. Winders

6-25-04

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

INHS18(10/99)

FILING FEE: \$25.00