Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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Division of Corporations

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LLC REGISTERED AGENT CHANGE SPRE, LLC

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T. HAMPTON

4/5/2012

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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.

| Name of the limited liability company: | SPRE, LLC | |
|--|---|--|
| 2. (a) Principal office address of limited liability compar | ny: | |
| (Note: MUST BE STREET ADDRESS) | 2071FLATBUSHAVESTE22 BROOKLYN, NY 11234 | |
| (b) Mailing address of limited liability company: | | |
| (Note: MAYBE POST OFFICE BOX) | 2071FLATBUSHAVESTE22 BROOKLYN, NY 11234 | |
| 06/04/2002 | L02000013700 | |
| 3. Date of filing/registration in Florida | 4. Document number | |
| 5. (a) Registered Agent and Registered Office shown or | the records of the Florida Dept. of State: | |
| Registered Agent: | CorporateCreationsNetworkInc. | |
| Registered Office Address: | 11380Prosperity FarmsRoad#221E Palm Beach Gardens, FI 33410 US | |
| (b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Agent</u> : | INTERSTATEAGENTSERVICES,LLC | |
| NEW Registered Office Address: <u>(MUST BE FLORIDA STREET ADDRESS)</u> | 1540 GLENWAY DRIVE | |
| | TALLAHASSEE .FL32301 | |
| 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 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. | | |
| ALEXENGLARD-AUTHORIZEDPERSON Printed or typed name of signee | M 7: | |
| I hereby accept the appointment as revistered agent and agree to act in this capacity. I further ogree to comply with the provisious 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 that the limited liability company has been notified in writing of this change. | | |
| Signature of Registered Agent | LEXENGLARD- SPECIAL SECRETARY | |
| | | |

Division of Corporations, P.O. Box 6327, Tallahassee, FL32314 FILINGFEE: \$25.00