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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.

2. The mailing address of the limited liability company is: 4115 GINNY DAINE AREAN NO, FUNDING 35811.1 2 1 2 2 0 0 0 0 6 5 7 9 3. Date of filing/registration in Florida 4. Document number 5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State: Homsen Name 3 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	1. The name of the limited liability company is:	HOMSON LIMI	TED LLC	,
5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:	2. The mailing address of the limited liability compan	y is :		
3. Date of filing/registration in Florida 4. Document number 5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:	4415 GINNY DRIVE	LAKELAND,	FLORIDA	358/1.1
Florida Department of State: JHOMSCN JNDA 3620 A STEA DAIVE Address SAMSCTA FLORIDA 34233 City, State and Zip City, State and Zip City State and Zip City State and Zip City State and Zip City State City DAIVE Florida street address (P.O. Box NOT acceptable) LAMELAND FL 338/1-/4/2 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 or as otherwise provided in the articles of organization or the operating agreement of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.				
6. The name and address of the new registered agent and/or office: Common Commo	Florida Denartment of State:			the
Name 445 GINNY DAIVE Florida street address (P.O. Box NOT acceptable) ARELAND FL 338/1-14/12 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 offlice 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 of a member of authorized representative of a member) LINDA Themselv (Frinted or typed name of signee)			4233 9	SECI
(Signature of a member of authorized representative of a member) LINDA THEMSON (Printed or typed name of signee)	SERALD 7/ Name 44/5 G/NN Y Florida street address (P.O. LA AELA NO FLO City, State ar	HBMS oN DNIVE Box NOT acceptable) 33811 - 1412 nd Zip		OF STATENS RFORATIONS PM 3: 24
	Dude of hour	the laws of the State of the Florida street address dentical. Or, in the case ge(s) was/were authorize otherwise provided in the pany.	Florida, it is herek s of the registered e of a Florida limit ted by an affirmation he articles of organ	office ed ve vote nization
(Signature of Registered Agent)	I hereby accept the appointment as registered agent at comply with the provisions of all statutes relative to the and I am familiar with and accept the obligations of m Chapter 608, F.S. Or, if this document is being filed to address. I hereby confirm that the limited liability company that the limited liability company is a second to the confirmation of the confi	nd agree to act in this ce proper and complete y position as registered merely reflect a chang pany has been notified.	rapacity. I further performance of my agent as provided to in the registered in writing of this c	agree to duties, for in office hange.

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00