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Headquarters: 8910 N. Dale Mabry F Suites 36-38 Tampa, FL 33614	lwy.					
(City/State/Zip/Phone #)						
PICK-UP	MAIT WAIT	MAIL				
(Busi	ness Entity Name)					
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Certified Copies	Certificates of	Status				
Special Instructions to Fi	ling Officer:					
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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.

1. The name of the limite	ed liability company is:	Standard P	roperty Solutions	s, LLC	
2. The mailing address of					·
Tampa, FL 33624	t the infined habinty com	ipany is			
					
09/10/2002			L02000023458	<u></u>	
3. Date of filing/registrat	ion in Florida	4	. Document numb	er	
5. The name of the register Florida Department of	State:		ldress as shown on	the records of	the
	Santosh Govindaraju			Ý	
	8910 N. Dale Mabry,	Name Suite #37			
		ddress	<u> </u>		
	Tampa, FL 33614	tate and Zip		AN S	5
< m 1 1 1 1 1 1 1 1 1	•	•		LAF) }
6. The name and address	of the new registered agei	nt and/or off	ice:	AHASSE	11
	Santosh Govindaraju	<u> </u>		35.7	
	Same Name Suite 107 Florida street address (P.O. Box NOT acceptable)				П
	Florida street address (P.O. Box NO	OT acceptable)	7. (gl/lp/	
	Tampa,	_{FL} 33614		A	
	City, Star	te and Zip		•	.
If the limited liability come confirmed that after the chand the business office of liability company, it is her the members of the limite the operating agreement of the limited that the limited liability company is a second to the limited liability company in the limited liability company is a second liability company of the limited liability company is a second liability company of the limited liability company is a second liability company of the limited liability company is a second liability company of the limited liability company is a second liability company of the limited liability company is a second liability company of the limited liability company is a second liability company of the limited liability company is a second liability company of the limited liability company is a second liability company of the limited liability company is a second liability company of the limited liability company is a second liability company of the limited liab	hange or changes are mad the registered agent will reby confirmed that the change of diability company or as of the limited liability com	le, the Florid be identical	la street address of Or in the case of	the registered	office ted
Harsha Kabaria, Mana	ging Member				
(Printed or typed name of signee)	<u> </u>		- s · · · ·	- ,	
I hereby accept the appoing comply with the provision and I am familiar with an Chapter 608, F.S. Or, if the address, I hereby confirm	ntment as registered agen s of all statutes relative to d accept the obligations of his document is being file that the limited liability o	nt and agree o the proper of my positio ed to merely company has	to act in this capa and complete perf on as registered age reflect a change in s been notified in w	city. I further ormance of my ent as provided the registered writing of this c	agree to v duties, l for in l office change.

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ature of Registered Agent)

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