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REGISTERED AGENT CHANGE

RESTINGHOUSE, LLC

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CORPORATE FILIPS

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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 o liability company submits the following statement agent, or both, in the State of Florida.	r 608.508, Florida Statutes, in order to change its regis	the undersigned limited tered office or registered	
1. The name of the limited liability company is: Restinghouse, LLC			
Z. The mailing address of the limited liability com		et, Suite 3675,,	
		—	
Tempa, FL 33602			
June 11, 2003	L03000022113		
3. Date of filing/registration in Florida	4. Document num	iber	
S. The name of the registered agent and the register Florida Department of State:	red office address as shown o	n the records of the	
John J. Agliano, Esq.			
Name			
201 N. Franklin Street, Suite 2600 Address			
Tampa, Plorida 33602			
City, S	tate and Zip		
6. The name and address of the new registered agent and/or office:			
		,	
CT Corporation System No.	ıme	=== (
1200 South Pine Island Road		: 1	
Florida street address (P.O. Box NOT acceptable).			
	Tor #3384	, <u>.</u>	
	FL 33324 ste and Zip	Secretary of the secret	
ميري عدد	ne and Zip	en de la companya de La companya de la co	
If the limited liability company is not organized the confirmed that after the change or changes are may and the business office of the registered agent will liability company, it is hereby confirmed that the companies of the limited liability company or as the operating agreement of the limited liability confirmed of a mamber of authorized representative of a member) Deanna Voss, Authorized Representative (Frinted or typed name of rigner) I hereby accept the appointment as registered agent and a propositions of all statements agents.	de, the Florida street address be identical. Or, in the case hange(s) was/were authorized otherwise provided in the armpany.	of the registered office of a Florida limited d by an affirmative vote of ticles of organization or	
I hereby accept the appointment as registered age comply with the provisions of all statutes relative and I am familiar with and accept the obligations Chapter 608. F.S. Or, if this document is being fix address, I hereby confirm that the limited liability CT Corporation System Companion System Social Assi, Secu. (Signature of Regulated Agent)	to me proper and complete be of my position as registered a led to merely reflect a change company has been notified it	erjormance of my diffes, agent as provided for in eight as provided for in in the registered office myriting of this change.	
(Signature of Registered Agent)		· · · ·	

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

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