Division of Corporations Public Access System

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To:

Division of Corporations

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From:

Account Name : FOLEY & LARDNER OF TAMPA

Account Number : 071344001620 : (813)229-2300 Phone Fax Number

: (813)221-4210

REGISTERED AGENT CHANGE

OTHEGUY FAMILY PROPERTIES, L.L.C.

| AH \$: 00 | F STATE. |
|-----------|----------|
| #UG8 # | FFASSEE. |

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EXAMINER

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FROM

(FRI) 8. 8'08 11:03/ST. 11:02/NO. 4863333346 P 2

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 agant, or both, in the State of Florida.

| in the state of Florida. | | 1 |
|--|--|---|
| 1. Name of the limited liability company: Otheguy F | amily Properties, LLC | |
| 2. (a) Principal office address of limited liability compa (Note: MUST BE STREET ADDRESS) | arry: 4969 Turtle Creek Treli Oldsmar, FL 34677 | |
| (b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) | 4969 Turile Creek Trail Oldsmar, FL 34677 | |
| 7/24/2003 | L03000027264 | |
| 3. Date of filing/registration in Florida | 4. Document number | |
| 5. (a) Registered Agent and Registered Office shown o | on the records of the Florida Dept. of State: | |
| Registered Agent: | Alen S. Gassman, Esquire | _ |
| Registered Office Address: | 1245 Court St. Suite 102 Clearwater, FL 33758 US | ČS AUG |
| (b) Enter name of <u>NEW Registered Agent</u> and/or <u>N</u> | EW Registered Office address: | 8-9 |
| NEW Registered Agent: | F&L Corp. | |
| NEW Registered Office Address; (MUST BE FLORIDA STREET ADDRESS) | One Independent Drive, Suite 1300 | 8:14 |
| | Jecksonville "FL 3360: | |
| If the limited liability company is not organized under the that after the change or changes are made, the Florida stroffice of the registered agent will be identical. Or, in the hereby confirmed that the change(s) was/were authorized liability company or as otherwise provided in the articles limited liability company. (Signature of a member or authorized representative of a member) | reet address of the registered office and the | onfirmed business |
| Tina E. Dunsford, Esquire (Printed or typed name of signee) | | |
| I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the tum familiar with and accept the obligations of my positive F.S. Or, if this document is being filed to merely reflect confirm that the limited liability company has been notificated. | i agree to act in this capacity. I further ag proper und complete performance of my di on as registered agent as provided for in C a change in the registered office address, I ted in writing of this change. | ee to ties, and I kapter 608, hereby |
| (Signature of Registered Agent) | | 1 |

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

INHS18 (05/08)

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