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## **COVER LETTER**

	Registration Section Division of Corporations					
SUBJE	CT: Homeland Lion, L.L.C.	Limited Liabi	lity Company)	<del></del>		
	`		,			
Dear Sir	or Madam:					
The encl	losed Registered Agent/Registered	Office Change	e and fee(s) are submitted	d for filing.		
Di .		_ 41.;	dha Callandina.			
Please re	eturn all correspondence concerning	g inis mailer it	o the following:			
Marla	R. Mayster, Paralegal					
	(Name of Person)			7 S		
				ECR II	7	
c/o Ho	odgson Russ LLP		·	題の		
	(Firm/Company)			SSE +	i.	
1001	Military Troil Suita 200			2006 DEC -4 AM 10: 42 SECRETARY OF STATE TALLAHASSEE. FLORID		
10011	N. Military Trail, Suite 200 (Address)		•	CRSTA DE 1	***************************************	
	, ,			DE TO		
Boca F	Raton, FL 33431					
	(City/State and Zip Code)					
For furtl	ner information concerning this ma	tter, please cal	1:			
Marla	R. Mayster	at ( <u>561</u>	<sub>)</sub> 862-4126			
	(Name of Person)		(Area Code & Daytime	Telephone Numbe	r)	
	STREET/COURIER ADDRESS:					
	Registration Section Division of Corporations	Registration Section Division of Corporations				
	Clifton Building	P.O. Box 6327				
7	2661 Executive Center Circle	Center Circle Tallahassee, Florida 32314				
7	Callahassee, Florida 32301					
J	Enclosed is a check for the follow	ing amount:				
G	<b> ∑</b> \$25 Filing Fee	\$55 Filing Fee & Certified Copy				
_						

## 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:	Homeland Lion, L.L.C.			
2. The mailing address o	f the limited liability con	npany is :			
8190 Muirhead Circle,	Boynton Beach, FL 33	437			
08/11/2003		L030000301	54		
3. Date of filing/registration in Florida		4. Document	number		
5. The name of the registe Florida Department of	State:	red office address as sho	wn on the records of the		
	Brian K. Duffey	Name	<u> </u>		
	7601 N. Federal Hv				
		ddress			
	Boca Raton, FL 33				
	City, S	tate and Zip	70 28		
6. The name and address of the new registered agent and/or office:					
	Brian K. Duffey		_ SA L C		
	Name 1801 N. Military Tra	ime I, Ste. 200	ILC., AMID: 42 ETARY OF STATE HASSEE, FLORID		
	Florida street address (	P.O. Box NOT acceptable	e)		
	Boca Raton,	FL 33431	# <b>5</b>		
	City, Sta	te and Zip			
and the business office of liability company, it is he	hange or changes are mad the registered agent will reby confirmed that the conted liability company of the limited liability of	le, the Florida street addr be identical. Or, in the c hange(s) was/were author as otherwise provided in	ess of the registered office		
Gayle Lionelli, Membe			2		
(Printed or typed name of signee)			-		
I hereby accept the appoint comply with the provision and I am familiar with an Chapter 608, F.S. Or, if the address, I hereby confirm	intment as registered age is of all statutes relative to d accept the obligations this document is being fil that the limited liability	nt and agree to act in this o the proper and complet of my position as register, ed to merely reflect a cha company has been notifie	s capacity. I further agree to e performance of my duties, ed agent as provided for in nge in the registered office d in writing of this change.		
(Signature of Registered Agent)	No free				

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