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| (riu | idic33) | |
| (Ad | ldress) | |
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| (Cit | y/State/Zip/Phon | e #) |
| PICK-UP | WÁIT | MAIL |
| | TO THE ALL | |
| (Bu | siness Entity Nar | ne) |
| (Do | cument Number) | |
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| Certified Copies | _ Certificates | s of Status |
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| Special Instructions to | Filing Officer: | |
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Office Use Only {



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SECRETARY OF STATE TALLAHASSEE FLORIDA

4PR 12 AM 10:

PARANET CORPORATION SERVICES, INC.

3761 Venture Drive, Suite 260 Duluth, Georgia 30096 770-497-9977 / 800-277-9977 Fax 770-813-0477 / fax 800-815-0477

TRANSMITTAL LETTER

April 10, 2007

RE: Endless Summer Holdings LLC

TO: Florida Department of State
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399

RE: Maggie Ferdinand – maggie@paranetlegal.com
Paranet Job No. 07-04-0156

Please file/submit the following on behalf of the above:

1. Change of Agent Application for each of the above
2. Check No. 88770

Amount \$25.00

After filing return evidence by:

- 1. Fax (800) 277-9977
- 2. Mail in self address, stamped envelope

If you have any questions, please call me using our toll free number (800) 277-9977.

THANK YOU FOR YOUR EXCELLENT SERVICE®

INHS18(10/99)

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 limited liability company is: ENDLESS SUMMER HOLDINGS LLC | |
| 2. The mailing address of the limited liability company is: | |
| 4701 OLD SHEPARD PLACE, PLANO, TX 75083 | |
| 09/08/2003 L03000033880 | |
| 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 | 27 |
| Florida Department of State: | NO D |
| | |
| 340 ROYAL POINCIANA WAY - STE. 321 | _ ა |
| Address | |
| PALM BEACH, FL 39480 | - |
| City, State and Zip | 5 |
| 6. The name and address of the new registered agent and/or office: | <u>_</u> |
| NRAI Services, Inc. | |
| Namo 2731 Executive Park Drive, Suite 4 | |
| Florida street address (P.O. Box NOT acceptable) | |
| Weston PL 33331 | |
| 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, 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 or authorized representative of a member) | |
| JERRY ROGER KENT, MANAGER (Printed or typed name of algree) | |
| I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filled to merely reflect a change in the registered office address. I hereby configuration the limited liability company has been notified in writing of this change. NRAI Services, inc.) | |
| (Signature of Registered Agent) Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 | |

FILING FEE: \$25.00