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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 ; (307)200-2803 Fax Number : (855)330-1010

er the email address for this business entity to be us rannual report mailings. Enter only one email address (please 🔭	
Email Address:	·	
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	4.	
LLC REGISTERED AGENT CHANGE	1:	Ę
LIBERTY, LLC	•	Ş

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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 605.0114 or 605.0116, 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

Florie						
1. 8	Same of the limited liability company: LIBERT	Y, LLC	<u> </u>			
2. (a)	3750 E Cart Ln	(b)	3750 E	Cart Ln		
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)			
	Inverness, FL 34453		Inverness, FL 34453			
	09/18/03	I	L030000:	35490		
3.	Date of filing/registration in Florida	<u> </u>		Document number		
	CORRORATION SERVICE COMPANY					
5. (a)	Registered Agent and Registered Office shown on the records	of the Florida	Dept. of State:			
	1201 HAYS STREET		-			
	Registered Office Address (MUST BE FLORIDA STREE	ET ADDRESS	!	5.3		
				21		
	TALLAHASSEE	_{FL} 32301				
	Registered Agents Inc.					
	Enter name of NEW Registered Agent and/or NEW Registered Office address:					
	7901 4th St N					
	NEW Registered Office Address:					
	STE 300					
	St. Petersburg	_{FL} 33702	•			
the c agent wash the a Sig	limited liability company is not organized under the hange or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited were authorized by an affirmative vote of the member rticles of organization or the operating agreement of the member of a member or authorized representative of a member reby accept the appointment as registered agent and issions of all statutes relative to the proper and completions of my position as registered agent as provered reflect a change in the registered office address and in the registered of the proper and completed in the registered of the address and in the registered of the address and in this change.	s of the regis d liability co rs of the lim the limited l Rile agree to act ete performa ided for in C	intered office impany, it is ited liability compay Park in this capa ance of my deliability copies	and the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in pany. Printed or typed name of signee city. I further agree to comply with the luties, and I am familiar with and accep. F.S. Or, if this document is being filed		

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

- Assistant Secretary

Bill Havre

Signature of Registered Agent