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To:

Division of Corporations

Fax Number

: (850) 205-0383

From:

Account Name : SHUMAKER, LOOP & KENDRICK LLP

Account Number : 075500004387 Phone : (813)229-7600 Fax Number : (813)229-1660

LIMITED LIABILITY COMPANY

Change It, LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$125.00

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to the area business.

ARTICLES OF ORGANIZATION CHANGE IT, LLC

ARTICLE I - Name:

The name of the Limited Liability Company is CHANGE IT, LLC.

ARTICLE II - Address:

The street and mailing address of the principal office of the Limited Liability Company is:

222 Dunbar Court Oldsmar, Florida 34677

ARTICLE III -Management:

The Limited Liability Company is to be member managed.

ARTICLE IV-Registered Agent:

Bruce H. Gordon 101 East Kennedy Boulevard Suite 2800 Tampa, Florida 33602

IN WITNESS WHEREOF, I have signed these Articles of Organization as an authorized representative and acknowledge it to be my act this 26th day of September, 2003.

(In accordance with section 608.408(3). Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Bruce H. Gordon, Authorized Representative
Typed or printed name of signee

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the transfer

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

- 1. The name of the limited liability company is Change It, LLC.
- 2. The name and the Florida street address of the registered agent are:

Bruce H. Gordon 101 East Kennedy Boulevard Suite 2800 Tampa, Florida 33602

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Signature

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