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(Re	equestor's Name)				
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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 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	d liability company is:	TME Offi	ce I, LLC			<u></u>	
2. The mailing address of	the limited liability cor	npany is :	TME Office I, LLC	C c/o	Gustavus E	3ass,	
Capital Asset Advisors,							
10/28/2003			L03000041530	· · ·			
3. Date of filing/registrati	on in Florida		4. Document num	ber	<u></u>	•	
5. The name of the register Florida Department of S	red agent and the registe State: Ierris Robinson	ered office	address as shown o	n the	records of the	ie .	
	12628 Arley Drive	Name				,	
	Orlando, FL 34786	Address State and Zi		à	SECRE TALLAH		
6. The name and address of	•		_		HAS	č	
	Corporation Compa				7 AM		
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	Florida street address	(P.O. Box	NOT acceptable)	•	Σ A		
	Orlando	_{FL} 3280	1	. =-		• • • • • • • • • • • • • • • • • • •	-
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(Signature of a member or authorize	zed representative of a member)					
Gustavus Bass, Manag	jer 	<u> </u>	The state of the s				
(Printed or typed name of signee) I hereby accept the appoint comply with the provisions and I am familiar with and Chapter 608, F.S. Or, if the address, I hereby confirm	ntment as registered ag s of all statutes relative l accept the obligations his document is being fi that the limited liability	ent and agr to the prop of my posi led to mere company l	ee to act in this cap er and complete pe tion as registered a ly reflect a change tas been notified in	pacity erform gent o in the writi	v. I further a nance of my b as provided j e registered c ing of this ch	gree to Juties, for in office änge.	
Mum	1	` c	corporation Com	pany	of Orland	(d)	د.
(Signature of Registered Agent)		F	lv: J. Gregory 1	ו אווו ו	hries. Vic	e Presida	ent

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