

OCT-04-2006 08:43  
Division of Corporations

GRIMES GOEBEL

9417480151 P.001

**L03000046208**Florida Department of State  
Division of Corporations  
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Account Name : GRIMES, GOEBEL, GRIMES, HAWKINS, GLADFELTER & GALVANO  
Account Number : 072460000742  
Phone : (941)748-0151  
Fax Number : (941)748-0158**RECEIVED**  
06 OCT -4 AM 8:00  
DIVISION OF CORPORATIONS**REGISTERED AGENT CHANGE****FLORIDA FOAM WALLS, LLC**

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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 liability company is: Florida Foam Walls, LLC
2. The mailing address of the limited liability company is: 244 Shopping Avenue, 106,  
Sarasota, Florida 34237

11/20/2003L03000046208

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 Florida Department of State:

John M. Pyle

Name

2325 DeSoto Road

Address

Sarasota, Florida 34235

City, State and Zip

6. The name and address of the new registered agent and/or office:

Sacha Ross

Name

1023 Manatee Ave. W., Suite 100

Florida street address (P.O. Box NOT acceptable)

Bradenton, FL 34205

City, State and Zip

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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.

Sacha Ross  
(Signature of a member or authorized representative of a member)

Sacha Ross, authorized representative of Philip D. Nelson, Managing Member

(Printed or typed name of signer)

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 filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Sacha Ross  
(Signature of Registered Agent)

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

FILING FEE: \$25.00

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TOTAL P.002