## LU3000046692

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<b>\</b>	PORATE/ CCESS,/	"When you need ACCESS to the world"
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	Tampa Bay	Acquisitions, LLC
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SPECIAL INSTRUCTIONS:

6.

## 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 limite	d liability company	is: TAMPA B	AY ACQUISITION	S, LLC	
2. The mailing address o	f the limited liability	y company is:	2248 MERIDIAN	I BLVD #H	
MINDEN, NV 89423					
11/19/2003			L03000046692	<u>}</u>	
3. Date of filing/registrat	ion in Florida	, -	4. Document nu	mber	
5. The name of the registe Florida Department of			address as shown		
,	1 PROGRESS ST. PETERSBU	Name PLAZA STE Address	·01	ALLAHASSEE FLORI	CO
6. The name and address	of the new registered			ATE	2
	236 EAST 6TH Florida street add	Name AVE ress (P.O. Box	NOT acceptable)	<u> </u>	
If the limited liability con confirmed that after the cland the business office of liability company, it is he of the members of the lin or the operating agreement (Signature of a member or author)	nange or changes are the registered agent reby confirmed that pited liability compa it of the limited liab	e made, the Flot will be identice the change(s) any or as other ility company.	rida atropt address	of the remintered	Affina.
(Printed or typed name of signee)	Chris M	orales			
I hereby accept the apport comply with the provision and I am familiar with an Chapter 608, F.S. Or, if t address, I hereby confirm	intment as registere s of all statutes rela d accept the oblicat his document is bei that the limited liat	d agent and ag tive to the pro- tions of my pos- ng filed to mer bility company	ree to act in this c per and complete p ition as registered ely reflect a chang has been notified	apacity. I further performance of my agent as provide e in the registered in writing of this (	agree to v duties, d for in d office change.
(Signature of Registered Agent)	/		Assistant Se		

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