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SECRETARY OF STATE
ALLAHASSEE, FLORIDA

Law Offices of Anita L. Barber, P.A.

Anita L. Barber*

*Admitted FL and GA Bars, LL.M. in Taxation Certified Public Accountant 636 West Yale Street Orlando, Florida 32804

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Richard G. Shanklin Director of Administration

November 5, 2004

Department of State Division of Corporations Corporate Filings P.O. Box 6327 Tallahassee, FL 32314

Re: Corrective Filings

Dear Sir/Madam:

Please be advised that this office represents Roger and Nancy Bradley who own varying interests in the entities mentioned below. In an effort to ensure that the Florida Department of State - Division of Corporations has the most accurate information on these entities, please find enclosed completed and executed Statements of Change of Registered Office or Registered Agent or Both for Limited Liability Company for the following related entities:

Central Florida College, LLC; North Florida Institute, LLC; Daytona Institute of Massage Therapy, LLC; and RNDMB, LLC.

With regard to Central Florida College, LLC, you will note that only the address of Mr. Bradley, the Registered Agent changed. Please also reflect on the records of the Division of Corporations that the FEI Number for this entity is 11-3713069.

With regard to North Florida Institute, LLC, you will note that only the address of Mr. Bradley, the Registered Agent changed. Please also reflect on the records of the Division of Corporations that the FEI Number for this entity is 11-3713066.

With regard to Daytona Institute of Massage Therapy, LLC, you will note that the address of Mr. Bradley, the Registered Agent changed. Please also reflect on the records of the Division of Corporations that the correct FEI Number for this entity is 61-1454590.

With regard to RNDMB, LLC, you will note that the address of Mr. Bradley, the Registered Agent changed. Also please change the mailing address to 4424 New Broad Street, Orlando, FL 32814.

The Bradley's also own an entity named "Turtle Five, LLC" (Document #: L03000027087 with a date of filing of 7/23/2003). Please reflect on the records of the Division of Corporations that the FEI Number for this entity is 37-1472226.

Department of State - Division of Corporations Corporate Filings November 5, 2004

Please find enclosed my firm's check in the amount of \$100.00 to cover the filing fees for the above Statements. Dianne Cushing of your office also indicated that you would kindly correct the FEI numbers as well.

Thank you for your assistance in this matter. Please call me should you have any questions.

Very truly yours,

Anita L. Barber, P.A.

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Anita L. Barber, Esq.

ACKNOWLEDGEMENT

The undersigned as Managing Member and Registered Agent of the entities mentioned we hereby confirms all statements above and requests that these changes be entered on the records of the Florida Department of State - Division of Corporations.

Roger Bradley

Enclosures

CC: Roger and Nancy Bradley

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: NORTH FLORING INSTITUTE LLC.
2. The mailing address of the limited liability company is: 1573 W. Fairganks Ave.
WINTER PARK FL 32789
18/04 6040000 2270
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:
Name 10736 EMERALD CHASE DRIVE Address
Ou Ango, FL 32836 City, State and Zip
6. The name and address of the new registered agent and/or office: Robert Barrier Name ACT Name AC
(Signature of a member of authorized representative of a member) D(EL PRIE) (Printed or typed name of signee) 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. Thereby confirm that the limited liability company has been notified in writing of this change. (Signature of Registered Agent)

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

INHS18(10/99)

FILING FEE: \$25.00