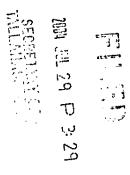
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(Requesto	r's Name)	
(Address)		
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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

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 limite	ed liability company is:	ESTELLA HOLI	DINGS, LLC		·
2. The mailing address of	f the limited liability cor	_{mpany is:} 1350 S	SOUTH ORL	ANDO AVE	NUE,
WINTER PARK, FLOR					
JANUARY 26, 2004		L040	000006646		
3. Date of filing/registrat	ion in Florida	4. Do	cument numb	er	
5. The name of the register Florida Department of	ered agent and the regist State: JAMES L. GARVEY		as shown on	the records of	f the
	362 SYLVAN DRIVI	Name E			
	WINTER PARK, FL	Address ORIDA 32789 State and Zip		TALLY SECT	
6. The name and address	•	-			A. 54
	I. MICHAEL TUCKE	R, ESQUIRE		29 I	e ergica 3 d H
	498 PALM SPRING	lame S DRIVE, SUITE	100	刊 U	
	Florida street address	(P.O. Box NOT ac	cceptable)	29	
	Altamonte Springs	_{FL} 32701			
	City, St	ate and Zip			
If the limited liability comeonfirmed that after the cland the business office of liability company, it is her the members of the limite the operating agreement of the limite the operating agreement.	npany is not organized unange or changes are mathematically the registered agent will reby confirmed that the disability company or a fifthe limited liability co	nder the laws of the ide, the Florida streat be identical. Or, change(s) was/were so therwise provide mpany.	e State of Flo eet address of in the case of e authorized be ed in the artic	rida, it is here the registered a Florida lim by an affirmat les of organiz	by office ited ive vote of ation or
(Signature of a member of achieve	And Approximative of a member	<u> </u>			
I. MICHAEL TUCKER,	•	,			
(Printed or typed name of signee)		 			
I hereby accept the appoint the appoint the provision and I am familiar with an Chapter \$08, F.S. Or, if the address, I hereby confirm	intment as registered ag s of all statutes relative d Agcept the obligations his document is being fi that the limited liability	ent and agree to ac to the proper and of my position as i led to merely reflec company has been	et in this capa complete perf registered age ct a change in n notified in w	city. I further formance of ment as provide the registere writing of this	r agree to sy duties, ed for in ed office change.

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

INHS18(10/99) FILING FEE: \$25.00

(Signature of Registered Agent)