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## REGISTERED AGENT CHANGE

## SOUTH BAY PARTNERS LLC

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## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provision it is in the state of the state	ns of sections is the following ie of Florida.	608.416 or 608.50 statement in order	8, Florida Statutes, ti to change its register	he undersigned limited ed office or reg <mark>istere</mark> d
1. The name of the limit	ed liability com	pany is: South Bay Pa	atners LLC	·
2. The mailing address of	of the limited lia	bility company is:		
510 Meadowmont Village C	ircle, Suite 274, Cl	hapel Hill, North Caroli	nu 27517	
3/3/2004			L04000017166	
3. Date of filing/registre	tion in Florida	<del></del>	4. Document number	T
5. The name of the regist Florida Department of	ered agent and t	he registered office	address as shown on t	he records of the
- <b>1007000 - 0 - 0</b>		red Agents Corporation		
	131 Madeira A	Name venue, Suite 2000		<b>7</b> 69 <b>6</b>
Address				
Coral Gables, Florida 33134  City, State and Zip			**************************************	
		•	-	
6. The name and address	of the new regis	stered agent and/or	office:	
Business Filings Incorporated				AM IO:
	Name 1203 Governors Square Bivd, Suite 101			JAN 27 AM IO: 15
		t address (P.O. Box	<del></del>	
	PIONIDA SUCC	addless (F.O. Dox	1401 socepanies	
	Tallahassee	FL 3230		
		City, State and Zig		·
If the limited liability conconfirmed that after the cand the business office of liability company, it is he the members of the limite the operating agreement of the limited that the limi	hange or change f the registered a creby confirmed ed liability comp of the limited lia	es are made, the Flo agent will be identice that the change(s) versely or as otherwise ability company.	mids street address of the case of a seal. Or, in the case of a was/were authorized by	he registered office a Florida limited y an affirmative vote of
Marthew Charles Stokes, Ma				4
(Printed or typed name of signee	•			
I hereby accept the appointment of the provision and I am familiar with a Chapter 608, F.S. Or, if address, I hereby confirm (Signature of Registered Agas)	ــــــــــــــــــــــــــــــــــــــ	stered agent and ag trelative to the pro- ligations of my per s being filed to men d liability company VP, Business Filings Inc	<del></del>	ity. I further agree to rmatice of my auties, as provided for in the registered office riting of this change.
Divisi	on of Corporat	ions, P.O. Box 632	7, Taliahassee, FL 37	<b>1314</b>
DNHS18(10/99) FILING FEE: \$25.00				

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TOTAL P.02

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