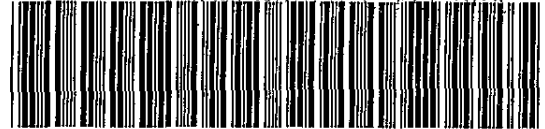


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2004 APR 21 P 4:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



600032937966

(Requestor's Name)

— 2611 SIESTA DR.
SARASOTA, FL 34239 —

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

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Florida Department of State, Katherine Harris, Secretary of State

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, I, the undersigned, limited liability company organized under the laws of the State of FLORIDA, submits to the following statement in order to change its registered office, or registered agent, or both, in the State of Florida.

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2004 APR 23 PM 4:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(PLEASE PRINT)

1a. The name of the limited liability company is: ELEMENT ART DESIGN LLC1b. The mailing address of the limited liability company is: 2611 SIESTA DR.
SARASOTA FL 342391c. Date of filing/registration in Florida: 03/23/04 Document number: L04000022150

2. The name and address of the current registered agent and office:

KEITH KIRKNESS
103 ENGLEWOOD GARDEN CT.
ENGLEWOOD FL 34223

3/ The name and address of the new registered agent and office: (P.O. BOX NOT ACCEPTABLE)

KEITH KIRKNESS
2611 SIESTA DR.
SARASOTA FL 34239

After the change or changes are made, the street address of the registered office and the business office of the registered agent will be identical.

Such change was authorized by affirmative vote of a majority of the members of the limited liability company or as provided in the articles of organization or the regulations of the limited liability company,

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

(Date)

MATT

FITZGERALD

SECRETARY, MANAGING MEMBER

(Printed or typed name and title)

Having been named as registered agent and to accept service of process for the above stated limited liability company, 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.

(Signature of Registered Agent)

(Date)

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

FILING FEE: \$25.00