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2001 MAY 23 P 1: 3

SECRETARY OF STATE
TALLAHASSEE, F, 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, 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.

	-y						
1. The name of the limited	liability company is: A	merican Stand LL	c				·•
2. The mailing address of t	the limited liability comp	oany is : 139	5 0	HIDDER	<u>v (</u>	CIRCLE	<u>E</u> .
SARASOTA F	-L 34243						·
4-23-2004		L040	L04000033033				
3. Date of filing/registration in Florida		4. D	4. Document number				
5. The name of the registere Florida Department of St	ed agent and the register tate:	ed office addre	ss as sh	own on the	reco	rds of the	
	Arn Olson				t		
		ame					
<u> </u>	8228 Country Oaks Ct.			<u>. </u>			
,		ldress		TAL SI	70		,
<u>-</u>	Sarasota, FL 34243	ate and Zip	·		DAN TANK	انطلعت	
	• ·	-		A HIT	- - -	U])	
6. The name and address of	the new registered ager	it and/or office:		SSE SSE	သ		
·	Ron Yancey			m ^ω			
_		me _		F STA	ر		
· 	1550 H1004~(me ircle E.		STATE STATE	 	_	
	Florida street address (F	P.O. Box NOT	accepta	ble)''' =	j		
_	STANOTA I	FL 3424					
	City, Stat	e and Zip					
If the limited liability comp confirmed that after the cha and the business office of the liability company, it is here of the members of the limi or the operating agreement	ange or changes are mad he registered agent will leby confirmed that the chited liability company or	e, the Florida s be identical. O nange(s) was/w as otherwise p	the Stat treet add r, in the ere auth rovided	e of Florida dress of the case of a F orized by a in the artic	a, it is registlorid an aff les o	s hereby stered office a limited irmative vo f organizati	e ote ion
Row Hances (Signature of a member or authorize	ed representative of a member)						
(Printed or typed name of signet)							
I hereby accept the appoint comply with the provisions and I am familiar with and Chapter 608, F.S. Or, if the address I hereby confirm to	ntment as registered ager of all statutes relative to accept the obligations of his document is being file that the limited liability of	nt and agree to the proper an of my position a ded to merely ref company has he	act in the d compl is registe lect a ch	his capacity ete perforn ered agent nange in the fied in write	y. If nance as pr e reg ing o	urther agre e of my duti ovided for istered offic f this chang	e to es; in ce e.

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