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LIMITED LIABILITY AMENDMENT

SDI DEVELOPMENT, LLC

| Certificate of Status | 0 |
|-----------------------|---------|
| Certified Copy | 0 |
| Page Count | 02 |
| Estimated Charge | \$25.00 |

Whistropic Films Manu

Corporate Filings

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

| Pursuant to the provisic liability company submit agent, or both, in the Sta | ons of sections 608. is the following state te of Florida. | 416 or 608.508, . ement in order to | Florida Statutes, t change its register | he undersigned limited red office or registered |
|--|---|---|--|---|
| 1. The name of the limit | ed liability company | is: <u>SDI DEVEL</u> | OPMENT, LLC | <u> </u> |
| 2. The mailing address of | of the limited liability | company is:l | 797-B PARKER C | TORT |
| STORE MUUNTAIN, C | SORÇIA 30087 | | | |
| MAY 6, 2004 | | | 104000034758 | |
| 3. Date of filing/registrat | | | | |
| 5. The name of the registr Florida Department of | ered agent and the re State: | gistered office add | dress as shown on t | he records of the |
| - | KAY W. EURA | MKS | | |
| | | Name | | |
| | HC3 BOX 98710 | 77 | | • |
| | MEXICO BEACH, | Address | | ,} |
| | | ty, State and Zip | | 2° 2 |
| 6. The name and address | of the new registered | agent and/or offi | ce: | T NOV - |
| | CT CORPORATION | n system | | & <u>F</u> |
| | | Name | | ing B M |
| | 1200 SOUTH PINE ISLAND ROAD | | Es F U | |
| | Florida street addre | • | - | : 29 |
| | PLANTATION | FL 333 | 24 | |
| | City, | , State and Zip | | |
| If the limited liability com- confirmed that after the ch and the business office of liability company, it is her the members of the limited the operating agreement of Signature of a member or authori | nange or changes are the registered agent very confirmed that the d liability company of the limited liability | made, the Florida will be identical. he change(s) was/or as otherwise processor company. | street address of th Or, in the case of a were authorized by | e registered office Florida limited an affirmative vota of |
| CARLYLE J. CAIN, M | anacer | | | |
| (Printed or typed name of signes) | | · · · · · · · · · · · · · · · · · · · | | |
| 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 | ntment as registered to of all statutes relative accept the obligation is document is being that the limited liabil CONTILE BRYAN SPECIAL ASSISTANT | agent and agree it ve to the proper a ons of my position of filed to merely re lity company has it SECPETARY | o act in this capaci nd complete perfor as registered agen eflect a change in t been notified in wri | 'y. I further agree to mance of my duties, as provided for in te registered office ting of this change. |

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

FILING FEE: \$25.00 INH518(10/99)

(Signature of Registered Agent)