L04000044606

	(Requestor's Name)				
en	(Address)	<u> </u>			
	(Address)				
	(City/State/Zip/Phone #)				
PICK-UF	P WAIT	MAIL			
	(Business Entity Name)	.			
(Document Number)					
Certified Copies	Certificates of Statu	is			
Special Instructions to Filing Officer:					
•					

Office Use Only



200130889662

FILED

08 JUN -9 PH 2: 45

TATT ATTASSEE, FLORIDA

PEDELYED DUN -9 IM 10: 41 2018 JUN -9 IM 10: 41

B. KOHR

JUN - 9 2008

EXAMINER



ION SERVICE COMPANY.				
ACCOUNT NO.	:	07210000	0032	
REFERENCE	:	552287	7381885	
AUTHORIZATION	: (Smell &	lenan	
COST LIMIT	:	\$25.00		
ORDER DATE : April 30, 2008				08
ORDER TIME : 9:37 AM				E E
ORDER NO. : 552287-020				FILED PH 2:
CUSTOMER NO: 7381885				H 2.
CHANGE OF AC	GEN'	<u>r</u>		V
NAME: 331 PARTNERS,	T.T.(٦		
MAND. 331 PARTMERS,	יידניי	_		
PLEASE RETURN THE FOLLOWING AS	PRO	OOF OF FI	LING:	
CERTIFIED COPY XX PLAIN STAMPED COPY				
CONTACT PERSON: Troy Todd H	EXT;	2940		
		EXAMINER	:	

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 i	s: 331 PARTNE	RS, LLC	
2. The mailing address o	f the limited liability	company is:		
64 N. Royal Street, Mobile, A	L 36602			
06/34/2004			1.04000044606	
06/14/2004		•	L04000044606	
3. Date of filing/registrat	ion in Florida	2	4. Document num	ber
5. The name of the register Florida Department of		gistered office a	ddress as shown o	n the records of the
	N	RA1 Services Inc		,
		Name		
	2731 Exec	outive Park Drive,	Suite 4	
		Address		- O
	W	eston, FL 33331		2 0
	City	y, State and Zip		
6. The name and address	of the new registered	agent and/or of	fice:	FILED PH 2: 45 TALLAHASSEE, FLORIDA
	Corporat	tion Service Comp	any	PH D
		Name		E ::
	12	01 Hays Street		5 5
	Florida street addre	ess (P.O. Box N	OT acceptable)	No.
	Tallahassee	FL	32301	
	City,	State and Zip		
If the limited liability conconfirmed that after the cand the business office of liability company, it is he of the members of the lin or the operating agreement	hange or changes are the registered agent reby confirmed that t nited liability compar nt of the limited liabil	made, the Flori will be identical he change(s) wany or as otherwi	da street address of l. Or, in the case of as/were authorized	of the registered office of a Florida limited I by an affirmative vote
Costas Saeria,				
(Signature of member or author	ized representative of a men u-Pas. B INC II	nber) hoursties, Dr	ve.,	
(Printed or typed hame of signee	331 Partnes L	<u> </u>		
I hereby accept the appo comply with the provision and I am familiar with an Chapter 608, F.S. Or, if address, I hereby confirm	intment as registered is of all statules relat d accept the obligation this document is bein that the limited liabi	agent and agre ive to the prope ons of my positi g filed to merely lity company ho	e to act in this cap r and complete pe on as registered a v reflect a change as been notified in	pacity. I further agree to rformance of my duties, gent as provided for in in the registered office writing of this change.

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

(Signature of Registered Agent) Michelle R. Vannoy, Assistant VP