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ACCOUNT NO. : 072100000032 7386760 REFERENCE : 421059 \$ 25.0 COST LIMIT ORDER DATE: June 10, 2005 ORDER TIME : 9:55 AM ORDER NO. : 421059-935 CUSTOMER NO: 7386760 CUSTOMER: Peter Thomson Fiduciary Management Limited P.o. Box 475 Portland House, Glacis Road Gibraltar, GI CHANGE OF AGENT NAME: WEB FRANCHSING LLC PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: \_ CERTIFIED COPY XX PLAIN STAMPED COPY CONTACT PERSON: Darlene Ward -- EXT# 2935 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 limi	ted liability company	is: WEB FRANCHIS	ING LLC	·
2. The mailing address	of the limited liabilit	y company is :		·
360 South Shore	Drive, Sarasota,	FL 34234		
July 21, 2004		- <del></del>	1000054375	
3. Date of filing/registra	ation in Florida	4. I	Document numb	er
5. The name of the regis Florida Department o		egistered office addre	ess as shown on	the records of the
	w.	Rick Fletcher		
		Name		
	360	South Shore Drive	<b>!</b>	<b>≒</b> 0
		Address		F. 5 7
	Sar	asota, FL 34234		皇
		ity, State and Zip	<del></del>	ASTE I
6. The name and address	s of the new registere	d agent and/or office	:	FILED PHIZ: 41 SECRHASSEE FLORIT
	Corporat	ion Service Comp	any	ST ST
		Name	<del></del>	ニュニュー こうしゅう こうしゅう こうしゅう こうしゅう こうしゅう こうしゅう こうしゅう こうしゅう こうしゅう しゅうしゅう こうしゅう こうしゃ こうしゃ こうしゃ こうしゃ こうしゃ こうしゃ こうしゃ こうし
	120	1 Hays Street		7
	Florida street add	lress (P.O. Box NOT	'acceptable)	
	Tallahassee	FL 3	2301	
	<del></del>	y, State and Zip	<del></del>	
If the limited liability co- confirmed that after the and the business office of liability company, it is he the members of the limit the operating agreement	change or changes are of the registered agent ereby confirmed that ted liability company of the limited liability.	e made, the Florida s t will be identical. O the change(s) was/w or as otherwise prov by company.	treet address of br, in the case of ere authorized be ided in the artic	the registered office a Florida limited by an affirmative vote of les of organization or
MARINA ABDI	JL MAGID - OF	ERATING MANAGE	ا Piducia	ry Directors (BVI) Ltd.
(Printed or typed name of signe				
I hereby accept the app comply with the provision and I am familiar with a Chapter 608, F.S. Or, ij address, I hereby confir	ointment as registere ons of all statutes rela nd accept the obliga this document is bei on that the limited liab	d agent and agree to nive to the proper an itions of my position a ng filed to merely ref bility company has be	act in this capa d complete perf is registered age lect a change in een notified in w	city. I further agree to ormance of my duties, ent as provided for in the registered office vriting of this change.
(Signature of Registered Agent)	IN AME	TUM	areni dent	
// //		P.O. Box 6327, Tal		2314
INHS18(10/99)	FI	LING FEE: \$25.00		