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Florida Department of State
Division of Corporations
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To:
Division of Corporations
Fax Number : (850)617-6380

From:
Account Name : RUDEN, MCCLOSKEY, SMITH, SCHUSTER & RUSSELL P.A. (ST. PETE)
Account Number : 076077001601
Phone : (727)502-8200
Fax Number : (727)502-8282

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REGISTERED AGENT CHANGE

SNUG PARTNERS, LLC

Certificate of Status	0
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FEB 25 2009

EXAMINER

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

Pursuant to the provisions of sections 605.415 or 605.508, 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. Name of the limited liability company: SNUG PARTNERS, LLC

2. (a) Principal office address of limited liability company: 308 South Fiddling Avenue
(Note: MUST BE STREET ADDRESS) Tampa, FL 33606

(b) Mailing address of limited liability company: 308 South Fiddling Avenue
(Note: MAY BE POST OFFICE BOX) Tampa, FL 33606

3. Date of filing/registration in Florida: August 6, 2004 4. Document number: LC0000059920

5. (a) Registered Agent and Registered Office shown in the records of the Florida Dept. of State:

Registered Agent: NICHOLAS J. FERRARO

Registered Office Address: 830 LUMBERTON ROAD
CLEARWATER FL 33760

(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:

NEW Registered Agent: JOHN H. WHITCOMB

NEW Registered Office Address: 308 South Fiddling Avenue
(Note: MUST BE FLORIDA STREET ADDRESS) Tampa FL 33606

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

John H. Whitcomb
(Signature of a member or authorized representative of the member)

JOHN H. WHITCOMB
(Printed or typed name of Agent)

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 relating to the proper and complete performance of my duties, and I am familiar with and accept the responsibility of my position as registered agent as provided for in Chapter 605, F.S. Or, if this appointment is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has acted in writing of this change.

John H. Whitcomb
(Signature of Registered Agent)

Division of Corporations, P.O. Box 6337, Tallahassee, FL 32314
FILING FEE: \$35.00

DNH574 (02/08)

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