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(Requestor's Name)			
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(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
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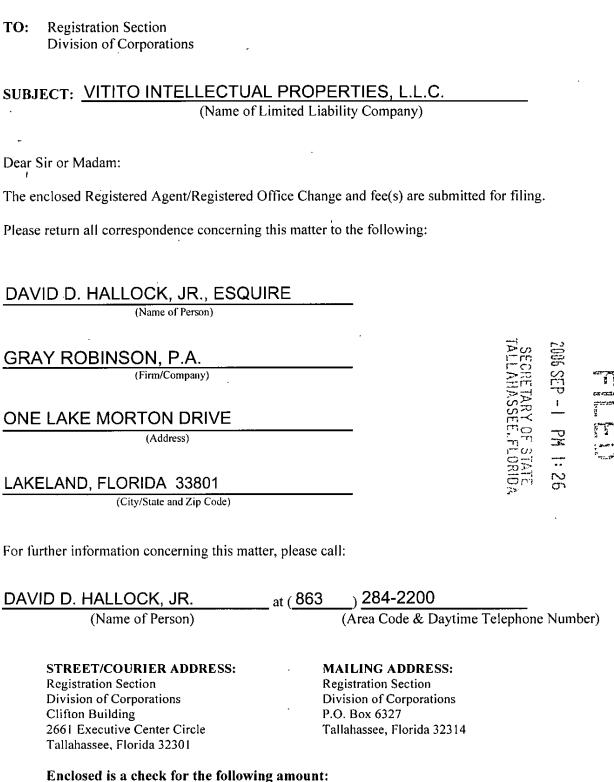
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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 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.

ageni, or both, in the state of 1 tortaa.		
1. The name of the limited liability company	is: VITITO INTELLECTUAL PROP	ERTIES, L.L.C.
2. The mailing address of the limited liability	company is: POST OFFICE BO	X 470098
CELEBRATION, FLORIDA 34747		
10/29/2004	L04000082993	
3. Date of filing/registration in Florida	4. Document number	
5. The name of the registered agent and the re Florida Department of State:		the records of the
<u>CHRIS J. VITI</u>		
	Name	ii
110 OLLEBRATION ALICE 15 mm C		≥SE CO
•	Address	
CELEBRATION, FLORIDA 34747		
<u> </u>	ty, State and Zip	
6. The name and address of the new registered	d agent and/or office:	
DAVID D. HALLOCK, JR., ESQUIRE		
	Name	26 26
ONE LAKE MOR		>
Florida street addı	ress (P.O. Box NOT acceptable)	
LAKELAND	FL 33801	
· City	y, State and Zip	
If the limited liability company is not organize confirmed that after the change or changes are and the business office of the registered agent liability company, it is hereby confirmed that of the members of the limited liability company or the operating agreement of the limited liability.	e made, the Florida street address of will be identical. Or, in the case of the change(s) was/were authorized any or as otherwise provided in the a	orida, it is hereby If the registered office If a Florida limited If an affirmative vote If articles of organization

(Signature of a member or authorized representative of a member)

CHRIS VITIFO

(Printed or typed name of signee)

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply within the propersions of all statutes relative to the proper and complete performance of my duties, and I pm familiar with and accept the obligations of my position as registered agent as provided for in Chapter of F. F. Or, if this document is heire filed to merely reflect a change in the registered office address, thereby confirm that the limited liability company has been notified in writing of this change.

(Signature of Registered Agent)

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