(04 000084909

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EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: SPORTS IMAGING CE	ENTERS, LLC e of Limited Liability Company)	E
Dear Sir or Madam:		
The enclosed Registered Agent/Registered	Office Change and fee(s) are submitted for filing.	
Please return all correspondence concernin	ng this matter to the following:	
RAYMOND M. WINDSOR		
(Name of Person)	2008 NOV 26 SECRETARY TALLAHASSE	enagara en secu
(Firm/Company)	NOV 26 AM 10: 12 CRETARY OF STATE LAHASSEE. FLORID	Tongs.
4805 NORTH DIXIE HIGHWAY	ORIGE TO	
(Address)		
FORT LAUDERDALE, FL 33334		
(City/State and Zip Code)		
For further information concerning this ma	atter, please call:	
RAYMOND M. WINDSOR	at (954) 771-6400	
(Name of Person)	(Area Code & Daytime Telephone Number)	
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314	
Enclosed is a check for the follow	ring amount:	
✓ \$25 Filing Fee	\$55 Filing Fee & Certified Copy	

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. Name of the limited liability company: SPORTS I	MAGING CENTERS LLC
2. (a) Principal office address of limited liability compar (Note: MUST BE STREET ADDRESS)	ny: 1000 VIRGINIA AVE. FORT PIERCE FLORIDA 34982
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	1000 VIRGINIA AVE. FORT PIERCE FLORIDA 34982
11/22/2004 3. Date of filing/registration in Florida	<u>L04000084909</u> 4. Document number
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office shown of	n the records of the Florida Dept. of State:
Registered Agent:	FILINGS, INC
Registered Office Address:	3732 NW 16 ST FT. LAUDERDALE FLORIDA 33311-4132
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NI</u> <u>NEW</u> Registered Agent:	RAYMOND M. WINDSOR
NEW Registered Agent: NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	4805 NORTH DIXIE HIGHWAY SS T
If the limited liability company is not organized under the that after the change or changes are made, the Florida structure of the registered agent will be identical. Or, in the hereby confirmed that the change(s) was/were authorized liability company or as otherwise provided in the articles limited liability company. Signature of member or authorized representative of a member) Physical Printed or typed name of signee) I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the part familiar with and accept the obligations of my positions. Or, if this document is being fined by here hereing the provision of the provisi	reet address of the registered office and the business case of a Florida limited liability company, it is d by an affirmative vote of the members of the limited s of organization or the operating agreement of the
Signature of member or authorized representative of a member) Thymoup m WINDSOR	

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