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SECRETATY OF STATE

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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.

agent, or both, in the bia	c of Fiorial.					
1. The name of the limit	ed liability company is:	SOUTHERN	N INVESTMENT PROPERT	IES, LLC		_·
2. The mailing address o	of the limited liability co	ompany is :	16765 Fish Hawk Boulev	rard, Suite 302	2, Lithia	<u>,</u> .
Florida 33547						
February 23, 2005			L05000018220			_
3. Date of filing/registrat	ion in Florida		4. Document number			
5. The name of the registresist. Florida Department of		tered office	address as shown on the	ie records of	the	
•	Spiegel & Utrera, P	.A.				
		Name	, , , , , , , , , , , , , , , , , , , 			
	1840 SW 22nd Street	t, 4th Floor				
		Address	···· ··· ··· · ··· · · · · · · · · · ·			
	Miami, Florida 33145					
	City,	State and Z	Zip			
6. The name and address	of the new registered ag	gent and/or	office:	TALI	06 HAY	
	Daniel M. Coton, Esc	quire		≥浴); <u></u> -C	
	***************************************	Name		SE SE	2	
	121 North Collins Street			留金		四句
	Florida street address (P.O. Box NOT acceptabl		NOT acceptable)	OF S.	PH	
	Plant City,	FL 3356	63	 答		
	City, S	tate and Zip	9	≫.	 -	
(Printed of typed name of signee)	hange or changes are me the registered agent with the registered agent with the pited liability company into of the limited liability rized appresentative of a member of a me	ede, the Florid be identice change(s) or as otherwy company.	orida street address of the cal. Or, in the case of a was/were authorized by wise provided in the artification.	ne registered of Florida limit an affirmativicles of organ	office ed we vote nization	
I hereby accept the appo comply with the provision	is of all statutes relative	to the prop	per and complete perfor	mance of my	auties,	,

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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608 F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I necessary confirm that the linguest 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