LU5000023272

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TALLAHASSEE, FLORIDA

B. KOHR

JUN - 2 2008

EXAMINER



ACCOUNT NO.	: 072100000032	
REFERENCE	: 513067 4323387	
AUTHORIZATION	: Invelope a se	
COST LIMIT	: \$ 25.00	(i)
ORDER DATE : MAY 30, 2008	: 513067 4323387 : Spelle le na : 80 : \$ 25.00	, ,
ORDER TIME : 8:00 AM	The state of the s	?
ORDER NO. : 513067-040		_
CUSTOMER NO: 4323387	· · · · · · · · · · · · · · · · · · ·	
CHANGE OF A . NAME: ROCKLAND LLC	<u>GENT</u> .	
PLEASE RETURN THE FOLLOWING AS	PROOF OF FILING:	
CERTIFIED COPY XX PLAIN STAMPED COPY	•	
CONTACT PERSON: Kathy Drake -	- EXT# 2959 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 limite	d liability company is	ROCKI	AND LLC				
2. The mailing address of							
1200 Urban Center Drive, Birmingham, AL 35242							
03/08/2005			L0500002327	2			
3. Date of filing/registration	ion in Florida		4. Document nu				
5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:							
Tiorida Department of t		C. Johnst	on, Esq.	OBMAY 30 AM 8: 14			
Name 8							
155 East 21st Street Address							
		ville, FL		O E			
City, State and Zip							
6. The name and address of the new registered agent and/or office:							
Corporation Service Company							
Name 1201 Hays Street							
Florida street address (P.O. Box NOT acceptable)							
		`	•				
	Tallahassee	FL State and 7	32301				
City, State and Zip							
If the limited liability comconfirmed that after the chand the business office of liability company, it is her of the members of the limor the operating agreemen (Signature of a member or authority)	tange or changes are near the registered agent we selve confirmed that the sited liability company to fee the limited liability.	nade, the Fi rill be ident e change(s) or as other y company	orida street address ical. Or, in the case was/were authorize wise provided in the	of the registered office of a Florida limited			
Maureen Cullen, Authorized Person							
(Printed or typed name of signee)							
Wilhille &	ntment as registered as of all statutes relatived accept the obligation his document is being that the limited liability of the lie R. Vannov	7		apacity. I further agree to serformance of my duties, agent as provided for in e in the registered office n writing of this change.			

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