

FEB-03-08 15:17 From:

T-838 P.01/02 Job-642 THE COLL COUNTY,

Florida Department of State

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Division of Corporations

Fax Number : (850)205-0380

From:

Account Name : AKERMAN SENTERFITT - TAMPA

Account Number : I28006000249

: (813)223-7333

Fax Number

: (B13)223-2837

## REGISTERED AGENT CHANGE

## RED CANVAS, LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$35.00

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\* FEB-03-06 15:17 From:

T-838 P.02/02 Job-842

## 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.						
I. The name of the limited liability company is: Red Canvas, LLC						
2. The mailing address of	f the limited liability	y company is : 1020-	A South Rom	e Avenue, Tampa,		
FL 33606						
03/16/2005		L050	00026805			
3. Date of filing/registrat	ion in Florida	4. De	ocument numb	er er		
5. The name of the registe Florida Department of		egistered office addres	য়ত যা <b>খণে</b> ৰ্য় হৈ হ	the records of the		
	Harry P. Teich	iman Mine		- 22		
	100 South Ashl	ey Drive, Suite 15	00			
		Address				
	Tampa, FL 336	SOZ ity, State and Zip		, <del>z</del> ,		
6. The name and address		•				
	American Infor	mation Services, i	nc			
	Amencal mon	Name	110.	_		
		Street, Suite 1700		· =-		
	Florida street add	ress (P.O. Box <b>NOT</b> a	ccoptable)			
	Tampa,	FL 33602		·		
	City	y, State and Zip	]			
If the limited liability conconfirmed that after the cland, the business office of liability company, it is her of the members of the limor the operating agreement (Signature of a member of authority).	tings or changes and the registered agent reby confirmed that itted liability compart of the limited liab	e made, the Florida str will be identical. Or, the change(s) was/we iny or as otherwise pro- ility company.	eet address of in the case of relauthorized b	the registered office a Florida limited ov an atfirmative vote		
Chanilla DeJesus (Printed or typed name of signes)		<u> </u>				
I hereby accept the appoint comply with the provision and I am familiar with and Chapter bild, F.S. Or, if the largest I haveby confirm (Signature of Registered Agent)	ntment as registere, s of all statutes related accept the obligations document is being that the limited liab	d agent and agree to of live to the proper and live to the proper and live to make the proper and live to merely reflective company has been the live to merely reflective to mer	ct in this capa complete perfe registered age Cla change in n nostfled in w	city. I further agree to primance of my duties, mt as provided for in the registered office rising of this change.		
Division	•	P.O. Box 6327, Talls ING FEE: \$25.00	hassee, FL 3	2314		

INHS18 (8/05)