L05000030894

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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 State of	of Florida. T	Ţ ,	,
1. The name of the limited l	liability company is:	RETAIL BROKERS - FL	ORIDA, LLC
2. The mailing address of the limited liability company is: 13050 CURLEY ROAD			
DADE CITY, FLORIDA L			
03/29/2005		L0500003089	94
3. Date of filing/registration in Florida 4. Document number 1.		ımber	
Florida Department of Sta	d agent and the registente: ION P. CHRISTIAN	ered office address as shown	on the records of the
		Name	<u> </u>
_1	3050 CURLEY RO	AD	_
Address DADE CITY, FLORIDA US 33525 City, State and Zip			
6. The name and address of the new registered agent and/or office:			
C	CT CORPORATION	SYSTEM	
1200 SOUTH PINE ISLAND ROAD		- 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	
Florida street address (P.O. Box NOT acceptable)			
<u>P</u>	LANTATION	FL 33324	
	City, Sta	ate and Zip	
If the limited liability compa confirmed that after the chan and the business office of the liability company, it is hereby the members of the limited lithe operating agreement of the confirmation of the limited lither the confirmation are seen to feel the confirmation of the limited lither the confirmation are seen to feel the confirmation are seen to feel the confirmation are seen to feel the confirmation and the confirmation are seen to see the confirmation are seen to see the confirmation are seen to see the confirmation and the confirmation are seen to see the confirmation and the confirmation are seen to see the confirmation and the confirmation are seen to see the confirmation	ige or changes are ma e registered agent will y confirmed that the c lability company or as	de, the Florida street address be identical. Or, in the case change(s) was/were authorize otherwise provided in the a	s of the registered office e of a Florida limited
(Signature of a member or authorized	representative of a member)	1	
BLAIR G. SCHLOSSBER	iG	·	
(Printed or typed name of signee)			
I hereby accept the appointm comply with the provisions of and I am familiar with and a Chapter 608, F.S. Or, if this address, I hereby confirm the	nent as registered age f all statutes relative ccept the obligations document is being fil at the limited liability Allan Fa	ent and agree to act in this co to the proper and complete to of my position as registered led to merely reflect a chang company has been notified to rnell, Vice Presiden	apacity. I further agree to berformance of my duties, agent as provided for in e in the registered office in writing of this change.

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

FILING FEE: \$25.00

INHS18(10/99)

(Signature of Registered Agent)