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SECRETARY OF STATE

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COVER LETTER

Division of	Corporations					
SUBJECT:	3732 Lee 1	Blud. LLC				
	(Name	of Limited Liabil	ity Company)			
Dear Sir or Madam	:					
The enclosed Regis	stered Agent/Registere	ed Office Change	and fee(s) are submi	tted for filing.		
Please return all co	rrespondence concern	ing this matter to	the following:			
Abiga 27606 Bonito	(Name of Person) (Firm/Company) WISCONSIN (Address) Springs Formany (City/State and Zip Code)		_		OT SEP 19 AM 10: 34 SECRETARY OF STATE TALLAHASSEE FLORIDA	
For further informa	tion concerning this n	natter, please call	:			
Abigai (Nar	Malker ne of Person)	at (_239		ne Telephone	Number)	
Registration of C Division of C Clifton Build 2661 Executi	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building Clifton Building P.O. Box 6327 Clifton Executive Center Circle Tallahassee, Florida 32301 MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32301			ŀ		
Enclosed is	a check for the follo	wing amount:	·			
X \$25 Filin	g Fee	□ \$5	\$55 Filing Fee & Certified Copy			
INHS18 (8/05)						

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 limited liability company is: 3732 Lee B/vd. LLC 2. The mailing address of the limited liability company is: 3590 LO5000037151 5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State: Name
Brickell Plaza Ste 700
Address 6. The name and address of the new registered agent and/or office: Gary Wilson 5801 Pelican Bay Blvd Ste 300 Florida street address (P.O. Box NOT acceptable) If the limited liability company is not organized under the laws of the State of Florida, it is hereby

confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

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 618, F.S. Or, fifthis document is being filed to merely reflect a change in the registered office address. Thereby confirm that the limited 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