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## REGISTERED AGENT CHANGE

FOCUS CAPITAL USA, LLC

Certificate of Status Ü Certified Copy 0 Page Count 02 Estimated Charge

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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. Name of the limited liability company: FOCUS CA	APITAL USA, LLC
2. (a) Principal office address of limited liability comp (Note: MUST BE STREET ADDRESS)	
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	5001 WEST LEMON STREET PER S TAMPA FL 33609
4/19/2005	ASSET 10
3. Date of filing/registration in Florida	L05000037641
5. (a) Registered Agent and Registered Office shown	4. Document number on the records of the Florida Dept. of Stage 1
5. (a) Registered Agent and Registered Office shown	on the records of the Florida Dept. of Starting
Registered Agent:	A.G.C. CO.
Registered Office Address:	200 S. ORANGE AVENUE, Suite 2300 ORLANDO FL 32801 US
(b) Enter name of NEW Registered Agent and/or I	NEW Registered Office address:
NEW Registered Agent:	C T Corporation System
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	1200 South Pine Island Road
	Plantation 5,FL 33324
If the limited liability company is not organized under that after the change or changes are made, the Florida soffice of the registered agent will be identical. Or, in the hereby confirmed that the change(s) was/were authorized liability company or as otherwise provided in the article limited liability company.	treet address of the registered office and the business are case of a Florida limited liability company, it is
(Signature of a member or authorized representative of a member)	
(Printed or typed name of signee)	
I hereby accept the appointment as registered agent an comply with the provisions of all statutes relative to the am familiar with and accept the obligations of my posit f.S. Or, if this document is being filed to merely reflect confirm that the limited liability company has been not by:  (Signature of Registered Agent)	nd agree to act in this capacity. I further agree to a proper and complete performance of my duties, and I turn as registered agent as provided for in Chapter 608, ta change in the registered office address, I hereby fited in Writing of this change.  Berbara A. Burke Special Assistant Secretary

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

INHS18 (05/08)