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Division of Corporations Fax Number : (850)617-6383 From: Account Name : CAPITOL CORPORATE SERVICES, INC. Account Number : 12C16CCC0048 Phone : (8C0)345-4647 Fax Number : (8C0)432-3622

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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

1. Name o	of the Limited Liability Company:	
2. (a) C/0	O STEPHEN N. WILCHINS	(b) C/O STEPHEN N. WILCHINS
	Principal office address of limited liability (Nate: MUST BE STREET ADD	
2 <u>0</u>	WILLIAM STREET, SUITE 1:	20 WILLIAM STREET, SUITE 130
W	ELLESLEY, MA 02481	WELLESLEY, MA 02481
<u>04</u>	/21/2005	L05000039327
3.	Date of filing/registration in Flu	ida 4. Document number
	ONN, RICHARD	
-	gistered Agont and Registered Office shown o	he records of the Florida Dept. of State:
	100 SE DARLING STREET	N 4 9726727 ALLAB 2001
Ko	gistered Office Address <u>(MUST BE PLO)</u>	<u>IA SIRREI AUURESSI</u>
s		, FL_34997
	apitol Corporate Services, Inc.	
	er name of NEW Resistered Agent and/or h	W Resistered Office address:
	5 East Park Avenue 2nd Fl	
<u>M</u> R	W Registered Office Address:	
 Ta	Illahassee	FL 32301
		,
the change agent will i was/were a	or changes are made, the Florida are be juentical. Or, in the case of a Plor sutherized by an affirmative vote of t	nder the laws of the State of Florida, it is hereby confirmed that after t address of the registered office and the business office of the register la limited liability company, it is hereby confirmed that the change(s)- members of the limited liability company or as otherwise provided in ment of the limited liability company.
	ing for	Stephen N. Witchins
	of a member of authorized representative of a	
I hereby a provisions the obligat	ccept the appointment as registered of of all statutes relative to the proper tons of my position as registered age effect a change in the registered offi- priting of its change.	tent and agree to act in this capacity. I further agree to comply with the complete performance of my duties, and I am familiar with and accels as provided for in Chapter 605, F.S. Or, if this accument is being file address, I hereby confirm that the limited Lability company has been
notind in		Delasia Casa, Accident Secretary on
Ju	anulase	Delanie Case, Assistant Secretary on
Ju	Registered Agent	behalf of Capitol Corporate Services, Inc.
Ju	• •	

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