Florida Department of State

Division of Corporations Public Access System

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To:

Division of Corporations

: (850)205-0380 Fax Number

Account Name : AKERMAN SENTERFITT - TAMPA

Account Number : 120000000249 : (813) 229-7333 Phone

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REGISTERED AGENT CHANGE

BAY GROVE SERVICES, L.L.C.

| Certificate of Status | 0 |
|-----------------------|---------|
| Certified Copy | 0 |
| Page Count | 02 |
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T-961 P.002/002 F-043

STATEMENT OF CHANGE OF REGISTERED (

| 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: Bay Grove Services, LL.C | |
| 2. The mailing address of the limited liability company is : 403 Vonderburg Drive, Brandon, FL | |
| 33511 | |
| 05/27/2005 L05000053125 | |
| 3. Date of filing/registration in Florida 4. Document number | |
| 5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State: | |
| L. Joseph Shaheen, Jr. | |
| Name 401 E. Jackson Street, Suite 2400 | |
| | |
| Tampa, FL 33602 | |
| City, State and Zip | |
| Tampa, FL 33602 City, State and Zip 6. The name and address of the new registered agent and/or office: American Information Services, Inc. Name 401 E. Jackson Street, Suite 1700 | |
| American Information Services, Inc. | |
| Name Strain Strain | |
| 401 E. Jackson Street, Suite 1700 Florida street address (P.O. Box NOT acceptable) | |
| Fioritia street address (F.O. Box 1901, acceptable) | |
| Tampa FL 33602 | |
| City, State and Zip | |
| 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. Signature of a member of authorized representative of a member) | |
| Bregory L. Henderson | |
| Printed or typed name of signes) | |
| Thereby accept the appointment as registered agent and agree to act in this capacity. I further agree to omply with the provisions of all statutes relative to the proper and complete performance of my auties, and I am familiar with and accept the obligations of my position as registered agent as provided for in hapter 618. F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby 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, Taliahassee, FL 32314 | |
| FILING FEE: \$25.00 | |

INHS18 (8/05)

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