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James M. Kosmas, P.A.

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April 13, 2006

Registration Section Department of State **Division of Corporations** P.O. Box 6327 Tallahassee, Florida 32314

(850) 487-6051

RE: ITC, L.L.C., a Florida Limited Liability Company

Enclosed please find a "Statement of Change of Registered Office or Registered Agent of along with a filing fee in the amount of \$25.00.

If you have any questions, please feel free to contact me.

Yours very truly,

JAMES M. KOSMAS, P.A.

BY:

James M∖Kosmas

enclosures

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: ITC, L.L.C., a Florida limited liability company.
- 2. The mailing address of the limited liability company is 1301 Hill Street, New Smyrna Beach, Florida 32169.
- 3. Date of filing/registration in Florida: June 06, 2005.
- Document number L 05000056617.
- 5. The name of the registered agent and the registered office address as shown on the records the Florida Department of State:

Nicholas G. Kosmas 1301 Hill Street New Smyrna Beach, Florida 32169

6. The name and address of the new registered agent and/or office:

James M. Kosmas 111 Live Oak Street New Smyrna Beach, Florida 32168

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 or authorized representative of a member)

JAMES M. KOSMAS
(Printed or typed name of signee)

06 APR 18

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 608 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.

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree

James M. Kosmas

(Signature of Registered Agent)

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

FILING FEE: \$25.00