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

Pursuant to the provisions of sections 605.0114 or 605.0116. 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.

. Na	me of the limited liability company; Calhoun International Calhoun	ational LLC			
2. (a)	3417337 Lemon St. Tampa FL 33509	(b)			
, (u)	Principal office address of limited liability company: (<u>Note: MUST BE STREET ADDRESS</u>)		Mailing address of limited liability company: (<u>Note: MAY BE POST OFFICE BOX</u>)		
	7/22/2005	1.050	00072461		
ι.	Date of filing/registration in Florida	4.	Document number		
i. (a)	Clarke, Philip K				
, (a)	Registered Agent and Registered Office shown on the records of the Florida Dept of State				
	Registered Office Address (MUST BE FLORIDA STREE	B			
	1505 N. Florida Avenue				
	Tampa	FL.33601	CT 21 P		
(b)	C T Corporation System		11. ED		
(0)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Register</u>	<u>ب</u> ب			
	NEW Registered Office Address.				
	1200 South Pine Island Road				
	Plantation	FL			
he cha igent v was/w	imited liability company is not organized under the inge or changes are made, the Florida street address vill be identical. Or, in the case of a Florida limited ere authorized by an affirmative vote of the member icles of organization or the operating agreement of t	s of the registere I liability compa rs of the limited	d office and the business office of the registered my, it is hereby confirmed that the change(s) liability company or as otherwise provided in		
	REZZ		Swinford, President and CEO		

Signature of a member or authorized representative of a member

Printed or typed name of signee

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 an familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this 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.

By

Signature of Registered Agent

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