Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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Division of Corporations

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LLC REGISTERED AGENT CHANGE BAY TO BAY OPTIONS LLC

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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 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. BAY TO BAY OPTIONS LLC 1. Name of the limited liability company: __ (a) Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) (b) Malling address of limited liability company: (Note: MAY RE POST OFFICE BOX) 8/25/2005 L05000084147 3. Date of filing/registration in Florida 4. Document number (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State: Registered Agent: JOSEPH E. ABDO Registered Office Address: 3825 HENDERSON BLVD **TAMPA, FL 33629** (b) Enter name of NEW Registered Agent and/or NEW Registered Office address: <u>NEW</u> Registered Agent: <u>AGENTS AND CORPORATIONS</u> NEW Registered Office Address: 300 FIFTH AVENUE SOUTH SUITE 101-330 (MUST BE FLORIDA STREET ADDRESS) 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. urcas?'s member or authorized representative of a member Printed or typod nucle of signer Abdu I hereby accept the appointment as registered agent and agrae to act in this capacity. I further agree to comply with the provisions of all statules 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 Old, I.S. Or, if this document is being filled to merely reflect a change in the registered office address, I percept confirm that the limited liability company has been notified in writing of this change. Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

FILING FEE: \$25.00

INHS18 (05/68)