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

Pursuant to the provisions of liability company submits the agent, or both, in the State of	of sections of following s Florida.	statement in orde	vs, rioriaa r to change	i Statute e its reg	es, the unae fistered offic	rsignea e or re	gistered
1. The name of the limited lia	ability comp	any is: MERF H	OLDINGS	,LLC	- .		•
2. The mailing address of the					Maurine	Dr.,	Odessa,
		ing company is					33556
Cambank 12 2005		* * 101 101	T ₁ 050	00090	517		
September 12, 2005 3. Date of filing/registration in Florida 4. Document nu					•••		
J. Date of imagregistration i	in Piorida		4. Docu	ment ne	niibei		
5. The name of the registered Florida Department of State		e registered offic	e address a	s shown	on the reco	rds of tl	he
Tioriaa 2 opariinon or Sax		. Faulkner					
		Name			_		
	15203 La	ake Maurine	Drive				: ,
	- 7	Address					
	Odessa,	Florida 335 City, State and 2			_	~>	ā
		• 1	•			98	IVISI
6. The name and address of the	e new regist	tered agent and/or	office:			FE	ECX POR
	James W.	. Falkner				2006 FEB - 3	97.7 17.7 19.7 19.7 19.7 19.7 19.7 19.7
		Name					CRE EXE
	15203 La	ake Maurine	Drive		-	≥	일시 일시
F1	orida street a	address (P.O. Box	NOT acce	ptable)		PM 1: 09	
	Odessa	ı FL	335	556		99	
		City, State and Zi	p				w F Str
If the limited liability compan confirmed that after the chang and the business office of the liability company, it is hereby of the members of the limited or the operating agreement of (Signature of a member of authorized r	y is not orgate or changes registered as confirmed to the limited	anized under the less are made, the Flegent will be identified that the change(s) mpany or as other hability company	aws of the sorida street ical. Or, in was/were a	address the case authoriz ded in the	s of the regise of a Florid ed by an aff	stered o a limite irmative	ffice d e vote
(Printed or typed name of signee)		•	_		•		
I hereby accept the appointm comply with the provisions of and I am familiar with and ac Chapter 608, F.S. Or, if this c address, Thereby confirm that	ent as regist all statutes i cept the obli locument is theylimited	ered agent and a relative to the pro gations of my pos deing filed to men liability company	gree to act to per and cos sition as res ely reflect o has been n	in this c mplete p gistered a chang notified	apacity. I fi performance agent as pr e in the regi in writing of	erther a of my d ovided j stered of this ch	gree to luties, for in office ange.

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

JAMES W. FALKNER

(Signature of Registered Agent)