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To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : TRENAM, KEMKER, SCHARF, BARKIN,

Account Number: 076424003301 : (813)223-7474

Fax Number : (813)227-0435 05-6439 FN 700

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

melody@ haskell-termite.com

REGISTERED AGENT CHANGE CBN HOLDINGS, LLC

| Certificate of Status | 0 |
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T. CLINE FEB 1.9 2010 EXAMINER

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Help

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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. Ilability company submits the following statement in ordagent, or both, in the State of Florida. | 508, Florida Statutes, the unde ter to change its registered office | irsigned ce or reg | limited sistered | |
|---|--|---|--------------------------------------|--|
| I. Name of the limited liability company: | CBN Holdings, LLC | | - | |
| 2. (a) Principal office address of limited liability compan | у: | | | |
| (Note: MUST BE STREET ADDRESS) | 4912 New Providence Ave Tampe, EL 33629 | กมค | | |
| (b) Mailing address of limited liability company: | | | | |
| (Nate: MAY BE POST OFFICE BOX) | 4912 New Providence Ave Tampa, FL 33629 | nue | | |
| 9/20/05 | L05000092743 | 3 | | |
| 3. Date of filling/registration in Florida | 4. Document number | | | |
| 5. (a) Registered Agent and Registered Office shown on | the records of the Florida Dept. | of State: | ! | |
| Registered Agent: | Nelson T. Castellanc | | | |
| Registered Office Address: | 101 E. Kennedy Boulevard Suite 2700 | No. | 2010 | |
| | Tampa, Ft. 33802 | 700 | 50 | |
| (b) Enter name of <u>NEW Registored Agent</u> and/or <u>NE</u> | W Registered Office address: | 1885 | ය | |
| NEW Registered Agent: | Bradford D. Haskell | <u> </u> | Jan. | |
| NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS) | 4912 New Providence Aver | nue::: | <u> </u> | |
| | Tampa | FL3362 | 9 ()1 | |
| If the limited liability company is not organized under the conformed that after the change or changes are made, the F and the business office of the registered agent will be ident liability company, it is hereby confirmed that the change(s) of the members of the limited liability company or as other or the operating agreement of the limited liability company. Signature of beautiful authorizing resolutive of almonder Bradford D. Haskell | lorida street address of the regis ical. Or, in the case of a Florida was were authorized by an affi | stered off a limited irmative : | V/CDP= | |
| Printed or typed name of signife | - | | | |
| I have by accept the appointment as registered agent and a comply with the provisions of all statutes relative to the property of an familiar with and accept the obligations of my pockapiter 50%. F. Or, if this sociament is being filed to metadaress, I hereby confirm that we limited liability company Signiture of Registered Agenty Division of Corporations, P.O. Box 63 | 27, Tallahassee, FL 32314 | rther agr of my du wided for stered off this char | ee to des. r in lee lee. | |
| FILING FEE: \$25.00 | | | | |

INHSI3 (05/08)