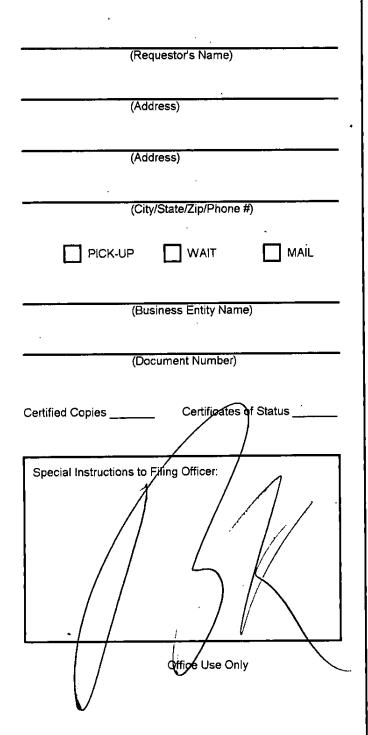
## L05000095121





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ON SERVICE COMPANY
ACCOUNT NO. : 072100000032  REFERENCE : 809779 7538051  AUTHORIZATION : Spellere
REFERENCE : 809779 7538051
AUTHORIZATION :
COST LIMIT: \$ 25.00
ORDER DATE: March 19, 2007
ORDER TIME : 10:31 AM
ORDER NO. : 809779-010
CUSTOMER NO: 7538051
CHANGE OF AGENT
•
NAME: MADISON CORNER, LLC
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:
CERTIFIED COPY  XX PLAIN STAMPED COPY .
CONTACT PERSON: Doreen Wallace EXT# 2928
EXAMINER:

## 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 limite	d liability company is	s: MADISON CO	ORNER, LLC		
2. The mailing address of	f the limited liability of	company is: 3	300 Fairfield Avenue South	5 2 A	
St. Petersburg, FL 33712	·		?	Comment of the second	
·				777	
September 27, 2005			L05000095121	5 F 1	
3. Date of filing/registration in Florida		4	. Document number	75.0	
5. The name of the register Florida Department of		istered office ac	ddress as shown on the	records of the	
	R	ussel P. Brandes			
		Name			
3300 Fairfield Avenue South					
Address					
St. Petersburg, FL 33712					
City, State and Zip					
6. The name and address	of the new registered	agent and/or of	fice:		
	Corporat	ion Service Compa	any		
Name					
1201 Hays Street					
	Florida street addre	ss (P.O. Box N	OT acceptable)		
	Tallahassee	FL	32301		
	City,	State and Zip			
If the limited liability com confirmed that after the cl and the business office of liability company, it is he of the members of the lin or the operating agreement (Signature of a member or author)	hange or changes are the registered agent to reby confirmed that the tited liability compand to fithe limited liability.	made, the Florical be identical he change(s) was or as otherwisity company.	da street address of the . Or, in the case of a Flas/were authorized by a	registered office lorida limited n affirmative vote	
Maureen Cullen, Authorized F	Person				
(Printed or typed name of signee)					
I hereby accept the appoint comply with the provision and I am familiar with an Chapter 608, F.S. Or, if the address, I hereby confirm	intment as registered is of all statutes relati d accept the obligation his document is being that the limited liabi	agent and agre ive to the proper ons of my position of filed to merely lity company ha	e to act in this capacity r and complete perform on as registered agent o reflect a change in the us been notified in writi	. I further agree to ance of my duties, is provided for in registered office ng of this change.	

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

(Signature of Registered Agent) Michelle R. Vannoy, Asst. Vice President