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## REGISTERED AGENT CHANGE

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CT CORPORATION

PAGE 82/82

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

Pursuant to the provisic liability company submit agent, or both, in the Sta  1. The name of the limit				
2. The mailing address of				
301 Yamsto Road, Suite 200,		with-11, 14		
			· — · —	
January 4, 2006  3. Date of filing/registrat	ion in Florida	=	. Document numb	
			•	
<ol> <li>The name of the registrend Department of</li> </ol>	ered agent and the regis State:	tered office ad	idress as shown on	the records of the
-	Нап	old Talismon		
		Name		ing jai
		ero Ross, Suite 2	20	
		Address		
		State and Zip		<u> رو چې</u>
6. The name and address	•••	•		77. ·
or the figure and addings.	Of mis new Yeshansten w	TEUR WINDS OF DIS	, 10C,	
	C T Cor	poration System		19 19 19 19 19 19 19 19 19 19 19 19 19 1
		Varne		· · · · · · · · · · · · · · · · · · ·
		Pine Island Road		•
	Florida street address	(P.O. Box NO	IT acceptable)	
	Plantation	Ft.	33324	
	City, S	Ft. tate and Zip		. <u></u>
If the limited liability conconfirmed that after the cland the business office of liability company, it is he of the member of the limited agreement the constant of a member of author (Signature of a member of author)	lange or changes are methe registered agent with reby confirmed that the highlity company of or the limited liability and representative of a member and representative of a member of the limited liability.	ade, the Florid II be identical, change(s) was or as otherwis company,	la street address of Or, in the case of s/were authorized b	the registered office a Florida limited v an affirmative vote
(Printed or typed name of signes)  I hereby accept the appoint of the provision and I am familiar with an Chapter 608, F.S. Or if the address, I hereby confirm address, I hereby confirm to the acceptance of Registered Agent	intiment as registered as s of all statules relative d accept the obligation his document is being h that the limited liability contion System	ent and agree to the proper of my position led to merely company has RECLA	to got in this capa and complete perfo n as registered age reflect a change in been notified in w washa a runse assessant secreta	city. I further agree to ormance of my duties, nt as provided for in the registered office riting of this change.

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

INHS18 (8/05)