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Florida Department of State
Division of Corporations
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To:

Division of Corporations

Fax Number : (850) 205-0380

From:

Account Name : A1A CORPORATE SERVICES, INC.

Account Number : I20010000247

Phone : (800) 494-3124

Fax Number : (305) 675-2811

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REGISTERED AGENT CHANGE

ATS REALTY SERVICES, 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.

1. The name of the limited liability company is: ATS REALTY SERVICES, LLC.
2. The mailing address of the limited liability company is : _____
1970 E. OSCEOLA PKWY. SUITE 01 KISSIMMEE FL 34743 US

01/05/2006

L06000001804

3. Date of filing/registration in Florida

4. Document number

5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

WILFREDO SANCHEZ, III

Name

1970 E. OSCEOLA PKWY. SUITE 01

Address

KISSIMMEE FL 34743

City, State and Zip

6. The name and address of the new registered agent and/or office:

A1A REGISTERED AGENT, INC.

Name

92 SADBERRY ROAD

Florida street address (P.O. Box NOT acceptable)

QUINCY

FL 32351

City, State and Zip

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.

* [Signature]
 (Signature of a member or authorized representative of a member)

WILLIAM C ARNOLD

(Printed or typed name of signee)

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes 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 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

* Paul Smith, Paul Smith V.P.
 (Signature of Registered Agent)

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