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SECRETARY OF STATIONS
DIVISION OF CORPORATIONS
OF NOV 17 AH 11: 33

J. BRYAN NOV 2 0 2006

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

4 . J. Jan

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 limit	ed liability company is	s: <u>ARMSTRON</u>	NG REUNION, LLC		
2. The mailing address of	of the limited liability of	company is: _			
One Armstrong Place, B	utler, PA 16001				
1/20/2006			L06000008640		
3. Date of filing/registration in Florida			4. Document number		
5. The name of the regist Florida Department of	State:	istered office a		he records of the	
	AO AIIIISU	Name	ent, LLC		
	13901 No		, Цил	0	
13801 North Dale Mabry Hwy Address					
Tampa, FL 33618			5 E		
	City	y, State and Zip)	二點	
6. The name and address	of the new registered	agent and/or o	ffice:	FILED STATIONS IVISION OF NOV 17 AM 11: 33	
	NRAI Services, Inc.		>.	= ==	
	Name			S Pri	
		ive Park Drive,		S v	
	Florida street addre	ess (P.O. Box N	OT acceptable)		
	Weston	FL	33331		
	City,	State and Zip			
If the limited liability conconfirmed that after the cand the business office of liability company, it is he the members of the limit the operating agreement (Signature of a member or author)	change or changes are f the registered agent vereby confirmed that the d liability company of the limited liability	made, the Flori will be identica ne change(s) we r as otherwise a company.	ida street address of t	he registered office Florida limited	
David Reams Jamieson, (Printed or typed name of signed					
I hereby accept the appo comply with the provision and I am familiar with a Chapter 608, F.S. Or, if address, I hereby confirm NRAI Services Fig.	pintment as registered ns of all statutes relati nd accept the obligation this document is being that the limited liabi	agent and agre ive to the prope ons of my posit of filed to merel lity company h	ee to act in this capacer and complete perfe on as registered age. y reflect a change in as been notified in wi	city. I further agree to ormance of my duties, nt as provided for in the registered office riting of this change.	
(Signature of Registered Age	nt)Karen Assistar	nt Secretary			
	on of Cornorations. 1	P.O. Box 6327	Tallahassee, FL 32	2314	