Florida Department of State
Division of Corporations
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P.02

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

Pursuant to the provis liability company submagent, or both, in the St	ions of sections 608.416 its the following statement ate of Florida.	or 608.508, Florida Statutes, th nt in order to change its register.	e undersigned limited ed office or registered
•	ited liability company is:		
	of the limited liability con		
_	lvd, Suite 101 , Tallahassee, Flo		
2/7/2006 L06000013810  3. Date of filing/registration in Florida  4. Document number		<u> </u>	
<b>-</b>		., ., .,	
5. The name of the regin Florida Department of		tered office address as shown on the	ne records of the
110/1dd Department	Corporate Creations	•	
	11380 Prosperity Farms (	Name Road #221E	
Address Palm Beach Gardens, Florida 33410		78 78	
		State and Zip	SECR OF ME
6 The name and addre	ss of the new registered as	tent and/or office:	
			w co
	Business Filings Incorpo		MO Z
•	1203 Governors Square B	Name 31vd, Suite 101,	سة بياري شي.
	Florida street address	(P.O. Box NOT acceptable)	8: 39 STATE LORID
	Tallahassee, Florida, 32301	1-2960	
•	City, S	tate and Zip	
confirmed that after the and the business office liability company, it is the members of the lim the operating agreement	e change or changes are m of the registered agent wi hereby confirmed that the		he registered office a Florida limited y an affirmative vote of
Robert Cook			
(Printed or typed name of sign	· ·		
I hereby accept the ap comply with the provis and I am familiar with Chapter 608, F.S. Or address, I hereby confi	pointment as registered at ions of all statutes relative and accept the obligation if this document is being ; rm that the limited liability Mark Schiff, AVP, Business	gent and agree to act in this capace to the proper and complete perfo s of my position as registered ages filed to merely reflect a charge in y company has been notified in wi	rity. I further agree to someone of my duties, not as provided for in the registered office riting of this change.
(Signature of Registered Ages	t)		
Divi	sion of Corporations, P.	O. Box 6327, Tallahassee, FL 32	2314
INHS18(10/99)	FILIN	IG FEE: \$25.00	

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