

06/19/2008

16:20 Perlman, Yevoli & Albright, P.L.

(FAX) 954 566 7115

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Florida Department of State  
Division of Corporations  
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Division of Corporations  
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From:

Account Name : PERLMAN YEVOLI AND ALBRIGHT PL  
Account Number : I20040000167  
Phone : (954) 566-7117  
Fax Number : (954) 566-7115

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**REGISTERED AGENT CHANGE**

**FINAL TABLE WELLINGTON, 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. Name of the limited liability company: Final Table Wellington, LLC

2. (a) Principal office address of limited liability company: 10160 FOREST HILL BLVD.  
**(Note: MUST BE STREET ADDRESS)** SUITE. 110  
WELLINGTON FL 33414

(b) Mailing address of limited liability company: 12450 Equine Lane  
**(Note: MAY BE POST OFFICE BOX)** Wellington, FL 33414

02/17/2008 L06000017991  
 3. Date of filing/registration in Florida 4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Agent: Perlman, Yevoli & Albright, P.L.

Registered Office Address: 1500 N. Federal Hwy  
Suite 250  
Fort Lauderdale, FL 33304

(b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

**NEW Registered Agent:** (same as above)

**NEW Registered Office Address:** 200 South Andrews Ave.  
**(MUST BE FLORIDA STREET ADDRESS)** Suite 600  
Fort Lauderdale, FL 33301

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.

David Shriver  
 (Signature of a member or authorized representative of a member)

David Shriver, Esq., authorized representative  
 (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.

David Shriver  
 (Signature of Registered Agent)

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

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