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Account Number : 103654001666  
Phone : (941) 639-1158  
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REGISTERED AGENT CHANGE

FORGEFIELD HURRICANE PROTECTION SYSTEMS INTERNATIONAL

|                       |         |
|-----------------------|---------|
| Certificate of Status | 0       |
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TAXATION  
ELDER LAW  
ASSET PROTECTION

October 25, 2006

Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

Re: Forcefield Hurricane Protection Systems International, LLC  
Document No. L06000030608  
Farr Matter No. 036235.0000

Dear Sir/Madam:

The enclosed Statement of Change of Registered Office or Registered Agent or Both for Limited Liability Company is submitted for filing. Please charge the filing fee of \$25.00 to our deposit account.

Please return all correspondence concerning this matter to the undersigned.

For further information concerning this matter, please contact the undersigned.

Very truly yours,

David A. Holmes  
For the Firm

DAH:dma  
Enclosure

EARL D. FARR, 1900 -- 1988

EARL DRAYTON FARR, JR.  
Senior Counsel

GUY S. EMERICH  
FL Bar Board Certified  
Will, Trusts & Estate Lawyer

JACK O. HACKETT II  
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Real Estate Lawyer

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0003/003

**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: FORCEFIELD HURRICANE PROTECTION SYSTEMS INTERNATIONAL, LLC

2. The mailing address of the limited liability company is : 1931 Tamiami Trail, Suite 5, Port Charlotte,  
Florida 33948

March 23, 2006

L06000030608

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:

Jeffery M. Fuller

Name

400 North Ashley Drive, Suite 1500

Address

Tampa, FL 33602

City, State and Zip

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

David A. Holmes

Name

99 Nesbit Street

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

Punta Gorda, FL 33950

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 of a member or authorized representative of a member)

David A. Holmes

(Printed or typed name of signer)

*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.*

(Signature of Registered Agent)

**Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314**

**FILING FEE: \$25.00**

INHS18 (8/05)

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