Florida Department of State

Division of Corporations Public Access System

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Division of Corporations

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Account Name : THE FLORIDA COMPANY

Account Number : I20060000001 : (608)827-5300 Phone

Fax Number

: (608)824-0405

II. ISION OF CORPOPATIC

REGISTERED AGENT CHANGE

STRATEGIC PLANNING 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 limit	ed liability company is:	STRATEGIC PL	ANNING SERVIC	ES LLC	
2. The mailing address of	of the limited liability cor	mpany is :			
123 NW 13TH STREET ST	E 214-12 BOCA RATON FL	33432			
4/7/2006		Ľ	06000036920		
3. Date of filing/registration in Florida		4. Document number			
5. The name of the regist Florida Department of	ered agent and the registe State:	ered office ade	dress as shown o	on the records of	the
•	THE FLORIDA INCORP	ORATING CON	IPANY		
		Name			
	1203 GOVERNORS SQU	JARE, STE. 101		70	0
•		Address	<u> </u>	Ž.	AON 90
	TALLAHASSEE, FL 323	301		☆☆	0
	City, S	State and Zip		AS TA	15
6. The name and address	of the new registered age	ent and/or offi	ce:	SEE,	5 AM
	Business Filings	Incorporated		110	
•	N	lame		SA.	<u>က</u> အ
	1203 Governors				-
	Florida street address	(P.O. Box NC	T acceptable)		
•	Tallahassee	FL 32301			
	City, Sta	ate and Zip			
If the limited liability conconfirmed that after the confirmed that after the condition and the business office of liability company, it is he the members of the limite the operating agreement of the confirmed of a member or author (Printed or typed name of signes)	rized representative of a member)		of the State of Fi a street address of Or, in the case of were authorized ovided in the art	lorida, it is herek of the registered of a Florida limit I by an affirmativ icles of organiza	office ted ve vote of tion or
I hereby accept the appo comply with the provision and I am familiar with an Chapter 608, F.S. Or, if address, I hereby confirm (Signature of Repistered Agent)	intment as registered age is of all statules relative ad accept the obligations this document is being fit that the limited liability	-	_		agree to duties, i for in i office hange.

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