## Lo600000 42595

(Re	questor's Name)				
(Ad	dress)				
(Ad	dress)				
(City/State/Zip/Phone #)					
PICK-UP	☐ WAIT	MAIL			
(Bu	siness Entity Nar	ne)			
(Document Number)					
Certified Copies	_ Certificates	s of Status			
Special Instructions to Filing Officer:					
····································					

Office Use Only



200094589182

03/28/07--01044--004 \*\*55.00

EILED

2007 MAR 29 AM IO: 12

SECRETARY OF STATE
SECRETARY OF STATE

X

CO	VER	LE	<b>ITER</b>

4	COVER	LETTER	
TO: Registration Division of	Section Corporations		
SUBJECT:	entria, LLC (Name of Limited)	Liability Company)	
Dear Sir or Madam:			
The enclosed Regis	tered Agent/Registered Office Cl	nange and fee(s) are submitted for	or filing.
Please return all cor	respondence concerning this mat	ter to the following:	
Winter Ha	(Firm/Company)  St NW, Suite (Address)  Ven, FL 33881  City/State and Zip Code)		2007 HAR 29 AM 10: 12 SECRETARY OF STATE TALLAHASSEE FLORIDA
For further informat	ion concerning this matter, pleas	e call:	
Tate Ha	allack at (8	(Area Code & Daytime Te	lephone Number)
Registration S Division of C Clifton Buildi	orporations ing ve Center Circle	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314	
Enclosed is	a check for the following amou		
□\$25 Filing	g Fee		ору

## 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: Sentria, U 2. The mailing address of the limited liability company is: 301 3rd 3. Date of filing/registration in Florida 5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State: 6. The name and address of the new registered agent and/or office: Florida street address (P.O. Box NOT acceptable) Winter Haven FL 33881 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) / Res: Stend Age (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.

(Signature of Registered Agent)