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TO:

Division of Corporations
Fax Number : (850)205-0380

FROM:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.
Account Number : 110432003053
Phone : (305)672-6686
Fax Number : (305)672-9110

REGISTERED AGENT CHANGE

S & S PROPERTY REHAB, LLC

| | |
|-----------------------|---------|
| Certificate of Status | 0 |
| Certified Copy | 0 |
| Page Count | 02 |
| Estimated Charge | \$35.00 |

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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 limited liability company is: S & S Property Rehab, LLC
2. The mailing address of the limited liability company is: 9242 NW 13th Place
Coral Springs FL 33071

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TALLAHASSEE, FLORIDA

4/26/2006

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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:

Stephen V. Alianiello

Name

9242 NW 13th Place

Address

Coral Springs FL 33071

City, State and Zip

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

Eric Filkins

Name

440 S. Federal Hwy, Suite 204

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

Deerfield Beach

FL 33441

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.

Marin Ariza
(Signature of a member or authorized representative of a member)

by M.A. Ariza as attorney-in-fact for: S.V. Alianiello

(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.

Marin A. Ariza
(Signature of Registered Agent) M.A. Ariza as attorney-in-fact for: E. Filkins
Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

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Corporate Creations International Inc.
941 Fourth Street
Miami Beach FL 33139
(305) 672-0686

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