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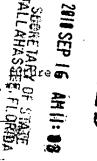
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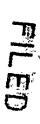
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\*\*Enter the email address for this business entity to be used for form annual report mailings. Enter only one email address please.\*\*\*

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## LLC REGISTERED AGENT CHANGE FRANK MANAGEMENT, LLC

Certificate of Status	0
Certified Copy	0
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SEP 1 7 2010

EXAMINE

## 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: FRANK MANAGEMENT, LLC 2. (a) Principal office address of limited liability company: 1003 WEST INDIANTOWN RD SUITE 210 Note: MUST BE STREET ADDRESS JUPITER FL 33458 (b) Mailing address of limited liability company: 1003 WEST INDIANTOWN RD SUITE 210 (Note: MAY BE POST OFFICE BOX) JUPITER FL 33458 L06000057545 5/31/2006 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 Registered Agent: FRANK, BRUCBS 392 EAGLE DR JUPITER FL 33477 Registered Office Address: (b) Enter name of NEW Registered Agent and/or NEW Registered Office address: **NEW** Registered Agent: C T Corporation System 1200 South Pine Island Road **NEW** Registered Office Address: (MUST BE FLORIDA STREET ADDRESS) Plantation, 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. /s/ Robert J Reynolds Signature of a member or authorized representative of a member Robert J. Reynolds 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 statules relative to the proper and complete performance of my auties, 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 filled 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. Barbara A. Burke

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

Special Assistant Secretary