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To:

Division of Corporations

Fax Number : (850)205-0390

From:

Account Name : THE FLORIDA COMPANY

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

Phone : (608)827-5300 Fax:Number : (608)824-0405

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REGISTERED AGENT CHANGE

MOW-N-MORE LLC

| Certificate of Status | 0 |
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Corporate Filing Menu

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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 limite | d liability company is: MC | W-N-MORE LLC | · |
|--|--|---|--|
| 2. The mailing address of | f the limited liability comp | any is : | |
| 45 ULMACEAL PATH PAL | M COAST FL 23164 | | |
| 6/9/2006 L06000059500 | | | |
| 3. Date of filing/registrati | registration in Florida 4. Document number | | ग |
| 5. The name of the register Florida Department of | ered agent and the registere State: | d office address as shown on t | he records of the |
| | THE FLORIDA INCORPOR | ATING COMPANY | |
| | Na 1203 GOVERNORS SQUAI | ime RE, STE. 101 | , |
| | TALLAHASSEE, FL 32301 | | 0 |
| | City, Sta | te and Zip | N 90 |
| 6. The name and address | of the new registered agent | and/or office: | FII ISION OF 1 NOV -2 |
| | Business Filings Inc | orporated | 2 CC |
| | Nan 1203 Governors Squ | | OF STA |
| | Florida street address (P | O. Box NOT acceptable) | LED BY OF STATE CORPORATIONS AH 9: 24 |
| | | L 32301 | (2) |
| | City, State | and Zip | |
| the members of the limite | of the limited liability comp | er the laws of the State of Flor, the Florida street address of the identical. Or, in the case of ange(s) was/were authorized by therwise provided in the article bany. | ida, it is hereby the registered office a Florida limited y an affirmative vote of es of organization or |
| Printed or typed plane of signee) | undahi Jr. | | |
| I hereby accept the appoint comply with the provision and I am familiar with an Chapter 608, F.S. Or, if the address, I hereby confirm (Signature of Registers Report) | Intment as registered agent is of all statutes relative to d accept the obligations of his document is being filed that the limited liability co | and agree to act in this capac the proper and complete perfo my position as registered age to merely reflect a change in inpany has been notified in wi | |
| Divisio | | K Sacki (1) (4) (2) 30x 6327, Tablahassee, FL 32 3EE: \$25.00 | 2314 |

INHS18(10/99)

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