Florida Department of State

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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 605.0114 or 605.0116. Florida Statutes, the undersigned limited Itability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. N	ame of the limited liability company:	PRINT COUNT			·	
2. (a)	5109 W. Lemon Street		(b) 5109 W. Lemon Street			
()	Principal office address of limited lin (Note: MUST BE STREET A	- , ,	- (-	·/	Mailing address of limited lin (Note: MAY BE POST O.	
	Tampa, Florida 33609		-	Tampa,	Florida 33609	
	07/19/2006		-	L060000	71796	
3.	Date of filing/registration in	Florida	4,		Document number	
5. (a)	J. Matthew Marquardt					
	Registered Agent and Registered Office show	wn on the records of th	e Florid	a Dept. of Sta	te:	•
	625 Court Street, Suite 200					
	Registered Office Address (MUST BE F	LORIDA STREET AL	DARES	2)	-	
	Clearwater	, FL_2	3756		- -	16 1
(D) .	Julio C. Esquivel, Esq.					APR 14
	Enter name of NEW Registered Agent and/or NEW Registered Office address:			-	***	
	c/o Shumaker, Loop & Kendrick, LLP					
	NEW Registered Office Address:				- ::::::::::::::::::::::::::::::::::::	9
	101 E. Kennedy Boulevard, Suite 2800					S
	Tampa	FT (33602	!		
the chagent	limited liability company is not organ ange of changes are made, the Florida will be identical. Or, in the case of a cre authorized by an artifunative vote ticles of organization of the operating	street address of t Florida limited lial of the members of	he reg bility of the lir	istered offic ompany, it pited liabili	ce and the business offic is hereby confirmed that ty company or as otherv	e of the registered t the change(s)
	Daniel M. D				oyle, Jr., Manager	
-	affect of a member or authorized representative				Printed or typed name of s	-
I heri provis the ob to me: notific	eby affect the appointment as register is on the pro- sion of fall statutes relative to the pro- lightions of my position as registered rely reflect a change in the registered ed in writing of the change.	red agent and agre per and complete p agent as provided office address, I h	e to ac perform for in ereby (et in this cap tance of ny Chapter 60 confirm tha	pacity. I further agree to duties, and I am familio 15, F.S. Or, if this docum t the limited liability con	o comply with the or with and accept nent is being filed npany has been
Signal	ure of Registered Agent					
	Division of Corr	orationse P.O. B	nx 637	7● Talleb	18166. FL 32314	
	Division of Cur	FILING FE				

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