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| (Reque | estor's Name) |
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| PICK-UP | WAIT MAIL |
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| (Docur | ment Number) |
| Certified Copies | Certificates of Status |
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| Special Instructions to Fili | ng Officer: |
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Office Use Only



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SECRETARY OF STATE TALLAHASSEF, FLORID

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NUMBRIGHT OF COMPTON ANTION



ACCOUNT NO. : 072100000032

REFERENCE : 319430

7137273

AUTHORIZATION :

COST LIMIT : \$ 25.00

ORDER DATE: November 15, 2007

ORDER TIME : 8:34 AM

ORDER NO. : 319430-010

CUSTOMER NO: 7137273

CHANGE OF AGENT

NAME: FAMILY LANDS REMEMBERED, LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Jeanine Reynolds -- EXT# 2933

EXAMINER:

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.

| agent, or both, in the State of Florida. | |
|---|---|
| 1. The name of the limited liability company | is: FAMILY LANDS REMEMBERED, LLC |
| 2. The mailing address of the limited liability | y company is : 138 Santiago Drive, Jupiter, Florida 33458 |
| | |
| September 7, 2006 | L06000087918 |
| 3. Date of filing/registration in Florida | 4. Document number |
| 5. The name of the registered agent and the re Florida Department of State: | egistered office address as shown on the records of the |
| Carlos M Vergar | a |
| | Name 25 |
| 7128 SE Rivers Edge Road | |
| Address | |
| Jupiter, FL 33458 | |
| C | ity, State and Zip |
| 6. The name and address of the new registere | Name Name |
| Eric M Sauerberg | OR OR |
| 000 \/80 = 0 | 114444 |
| | o Crossing, Suite 102 |
| riorida street addi | ress (P.O. Box NOT acceptable) |
| Palm Beach Garde | |
| City | y, State and Zip |
| confirmed that after the change or changes are and the business office of the registered agent liability company, it is hereby confirmed that | ed under the laws of the State of Florida, it is hereby e made, the Florida street address of the registered office t will be identical. Or, in the case of a Florida limited the change(s) was/were authorized by an affirmative vote any or as otherwise provided in the articles of organization ility company. |
| Signature of a member or authorized representative of a me | ember) |
| | |
| Ernest A Cox | |
| (Printed or typed name of signee) | |
| I hereby accept the appointment as registered comply with the provisions of all statutes rela and I am familist with and accept the obligat hapter 608, P.S. Or, if this document is beil uddress, I hereby confirm that the limited liab | d agent and agree to act in this capacity. I further agree to tive to the proper and complete performance of my duties, ions of my position as registered agent as provided for in ng filed to merely reflect a change in the registered office vility company has been notified in writing of this change. |

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

(Signature of Registered Agent)