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## LLC REGISTERED AGENT CHANGE BENTON, LLC

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S. HAWKES

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MAY 0 7 FED TO

**EXAMINER** 

LL MULLIS,

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENTS OF NO.

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:	Benton, LLC
2. (a) Principal office address of limited liability compan	y: <u> </u>
(Note: MUST BE STREET ADDRESS)	8275 113th Street North Seminole, FL 33772
(b) Mailing address of limited liability company:	Fig. 3
(Note: MAY BE POST OFFICE BOX)	8275 113th Street North Seminale, FL 33772
9/11/06	L060000088907
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. of State:
Registered Agent:	J. Eric Taylor
Registered Office Address:	8275 113th Street North
	Seminole, FL 33772
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NE</u> <u>NEW Registered Agent</u> ;	W Registered Office address: TK Registered Agent, Inc.
NEW Registered Office Address:	101 E. Kennedy Boulevard
(MUST BE FLORIDA STREET ADDRESS)	Suite 2700
	Tampa ,FL33602
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.  Signature of a member or authorized representative of a member	
Gerald Shotts, Manager Printed or typed name of signee	<b>-</b>
I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the program familiar with and accept the signature of my processing for the processing filed to me address, I hereby doubling that the limited liability company with the signature of Registered Agent	gree to act in this capacity. I further agree to oper and complete performance of my duties, sition as registered agent as provided for in rely reflect a change in the registered office y has been notified in writing of this change.

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25,00