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TALL AHASSEE FI ORION

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: CW3 HOLDINGS I, LLC (Name of Lin	nited Liability Company)	
Dear Sir or Madam:		t
The enclosed Registered Agent/Registered Off	ice Change and fee(s) are submitted for	or filing.
Please return all correspondence concerning th	is matter to the following:	
MELANIE DOYAL		
(Name of Person)		
CORPORATE DIRECT, INC. (Firm/Company)	IALLATI	O7 AUG 23 SECRE JAK
2248 MERIDIAN BLVD. STE H	TO CO	+n —(
(Address)		PH 12: 29 PH 12: 29
MINDEN, NV 89423 (City/State and Zip Code)		▶ .
For further information concerning this matter,	•	
MELANIE DOYAL (Name of Person)	at (775) 782-1307 (Area Code & Daytime Tel	lephone Number)
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314	
Enclosed is a check for the following	amount:	
✓ \$25 Filing Fee	\$55 Filing Fee & Certified C	ору

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 limited	liability company is:	CW3 HOLDINGS I, LLC		
 The mailing address of the 	he limited liability co	mpany is : 3602 UPPER UN	NION RD.	
	no minica maonity oc	punij		
ORLANDO, FL 32814				
09/21/2006		L06000092860		
3. Date of filing/registratio	n in Florida	4. Document nu	mber	
Florida Department of St	tate:	stered office address as shown	on the records of the	
<u> </u>	PARACORP INC		_	
		Name		
	<u>236 EAST 6TH A\</u>	·		
-		Address	TAE	
<u> </u>	TALLAHASSEE, F	State and Zip	- 53 2 11	
6. The name and address of the new registered agent and/or office:				
	GERRI DETWEIL	.ER		
<u>1</u>	1037 GREYSTON	Name E LANE s (P.O. Box NOT acceptable)	PM 12: 29 EE. FLORIDA	
5	SARASOTA	FL 34232		
	City, S	State and Zip		
confirmed that after the cha and the business office of the	ange or changes are me he registered agent we by confirmed that the led liability company of the limited liability.	under the laws of the State of nade, the Florida street addres ill be identical. Or, in the case change(s) was/were authorize or as otherwise provided in the y company.	s of the registered office e of a Florida limited red by an affirmative vote	

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 statutes relative to the proper and complete performance of my duties, 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 filed 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.

Servi Koliverior
(Signature of Registered Agent)

ClayWooten

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