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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : TRIPP SCOTT, P.A.

Account Number : 075350000065

Phone : (954)525-7500 Fax Number : (954)761-8475

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## LLC REGISTERED AGENT CHANGE SUNCOAST SALES, LLC

Certificate of Status 0	
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Page Count	01
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D. BRUCE

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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.

l.	Na	me of the limited liability company;	SUNCOAST SALES, LLC	
2.	(a)	Principal office address of limited liability compa	ny: 6306 BENJAMIN ROAD	
		(Note: MUST BE STREET ADDRESS)	SUITE 614 TAMPA, FL 33634	
	(b)	Mailing address of limited liability company:	6306 BENJAMIN ROAD	
		(Note: MAY BE POST OFFICE BOX)	SUITE 614 TAMPA, FL 33631	
		10/04/2006	L06000097304	
3,	Dat	e 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:	CASEY A. BROWN	
		Registered Office Address:	23804 PLANTATION PALMS BLVD LAND O'LAKES, FL 34639	
	(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:			
		NEW Registered Agent:	EDWARD R. CURTIS	
		NEW Registered Office Address; (MUST BE FLORIDA STREET ADDRESS)	C/O TRIPP SCOTT, P.A.  110 SE 6TH STREET, 15TH FLOOR  FORT LAUDERDALE ,FL 33301	
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 number or authorized representative of a member				
,				
CASEY A. BROWN, MEMBER Printed or typed name of signee				
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 auties, 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, thereby confirm that the limited liability company has been notified in writing of this change.  Signature of Registered Agent				

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

INHS18 (05/08)