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(Re	questor's Name)	
(Add	dress)	-
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(Cit	y/State/Zip/Phon	o #\
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PICK-UP	WAIT	MAIL
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Office Use Only



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2008 JAN 30 P 2: 5
SECRETARY OF STATE
ALL AHASSEE F. SAIE

A. LUNT

FEB - 1 2008

EXAMINE

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 limit	ed liability comp	pany is: Cam	po Amaden, LLC	
2. The mailing address of	of the limited lia	bility compan	y is : 324 S. Falkenbu	ırg Road,
Tampa, FL 33619		· 		
01/04/2005			L05000000759	9
3. Date of filing/registra	tion in Florida		4. Document nu	ımber
5. The name of the regist Florida Department of		he registered	office address as shown	on the records of the
-	Todd C. Ar			_
	0040 5 11	Nam	e	
	324 S. Falk	enburg Ka Addre	,	
	Tampa, FL		SS	
	Tampa, I E	City, State	and Zip	_
6. The name and address	of the new regis	stered agent ar	nd/or office:	
	David E. Ca	ampo		_
	324 S. Falke	Name enburg Rd		
	Florida street	address (P.O.	Box NOT acceptable)	2008 SEC
	Tampa	, FL	33619	D71
		City, State ar		JAN 3
If the limited liability conconfirmed that after the cand the business office of liability company, it is he of the members of the lin or the operating agreement.	f the registered a creby confirmed nited liability co	gent will be in that the change ompany or as o	dentical. Or, in the case ge(s) was/were authorize otherwise provided in the	Florida, it is herebyyy s of the registered office
(Signature of a member or author	rized representative o	f a member)		
David E. Campo				
(Printed or typed name of signee)		· •	
<u> </u>	intment as regis us of all statutes ad accept the obli this document is uthat the limited	tered agent at relative to the ligations of my being filed to liability comp	nd agree to act in this c e proper and complete p y position as registered merely reflect a chang pany has been notified	capacity. I further agree to performance of my duties, agent as provided for in the registered office in writing of this change.
(Signature of Registered Agent)				
Divisio	on of Corporati	ons, P.O. Box	(6327, Tallahassee, F	L 32314

FILING FEE: \$25.00

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Life Brokerage Partners, (Name o	LLC. f Limited Liability Company)
Dear Sir or Madam:	
The enclosed Registered Agent/Registered	Office Change and fee(s) are submitted for filing.
Please return all correspondence concernir	ng this matter to the following:
Rebecca Rainwater	
(Name of Person)	
Life Brokerage Partners, LLC.	
(Firm/Company)	7000 SEC
3982 Tampa Rd.	T 1000 JAN 30 SECRETARY
(Address)	TARY OF ASSEE.
Oldsmar, FL 34677	
(City/State and Zip Code)	2: 51 ORIDA
For further information concerning this ma	atter, please call:
Rebecca Rainwater	at (813) 792-6200
(Name of Person)	(Area Code & Daytime Telephone 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 follow	ving amount:
✓ \$25 Filing Fee	\$55 Filing Fee & Certified Copy

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 limite	ed liability company is:	Life Broke	rage Partners, LLC.			
2. The mailing address of	f the limited liability co	mpany is	3982 Tampa Rd.	,		
Oldsmar, FL 34677						
01/29/2008			L07000011101			
	in to Plantia					
3. Date of filing/registrat	ion in Fiorida		4. Document n	umber		
5. The name of the registe Florida Department of		tered offic	e address as show	n on the	e record	s of the
	Kevin Bechtel					
		Name				
	3982 Tampa Rd.		•	-		
	1	Address		PE SE	2008	
	Oldsmar, FL 34677			T CR	=	Π
		State and	Zip	3	JAN	
6. The name and address	of the new registered ag	gent and/o	r office:	ARY (30	
	Richard C. Millian			<u> </u>	ט	
	-	Vame		107 118	?	
	3982 Tampa Rd.	101110		TATE	വ	
	Florida street address	(P.O. Bo	NOT acceptable	~		
	Oldsmar,	FL 34	1677			
	City, St	tate and Z	ip			
If the limited liability comconfirmed that after the cland the business office of liability company, it is her of the members of the lim or the operating agreement (Signature of a member or authority)	hange or changes are marked the registered agent will reby confirmed that the nited liability company of the limited liability	ade, the F II be ident change(s) or as othe company	lorida street addre ical. Or, in the ca was/were authori rwise provided in	ss of the se of a l ized by	registe Florida an affiri	ered office limited mative vote
Rebecca Rainwater						
(Printed or typed name of signee)			_			
I hereby accept the appoing the comply with the provision and I am familiar with an Chapter 608, F.S. Or, if the address, I hereby confirm	intment as registered ag is of all statutes relative d accept the obligations his document is being fi that the limited liability	gent and a to the pro s of my po iled to me y company	gree to act in this Sper and complete Sitjon as registere rely reflect a chan has been notified	capacit perfori d agent ge in th in writ	y. I furi nance o as prov e regist ing of ti	ther agree to I my duties, vided for in ered office vis change.
(Signature of Registered Agent)						