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COVER LETTER

TO: Registration Section Division of Corporations					
SUBJECT: TEAM RETAIL FOR (Name	T MEYERS, LLC of Limited Liability Company)				
Dear Sir or Madam:					
The enclosed Registered Agent/Registered	ed Office Change and fee(s) are submitted	for filing.			
Please return all correspondence concern	ing this matter to the following:				
Carol L. Grissett, paralegal (Name of Person)					
Barron, Redding, Hughes, Fite, S (Firm/Company)	Sanborn, Kiehn & Dickey, P.A.	O7 APR SECRET			
220 McKenzie Avenue		TARY ASSE			
(Address)		TOP P			
Panama City, FL 32401		PH 2: 29 OF STATE OF FLORIDS			
(City/State and Zip Code)), 0			
For further information concerning this m	natter, please call:				
Carol L. Grissett, paralegal	at (850) 785-7454				
(Name of Person)	(Area Code & Daytime T	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 limit	ed liability company	is: TEAM RET	AIL FORT MEYERS	3, LLC	_	·
2. The mailing address of	of the limited liability	company is : _				<u> </u>
9362 Hollow Way Roa	d, Dallas, TX 75220	0				
1/31/2007			L07000011471			
3. Date of filing/registration in Florida			4. Document numb	ber		
5. The name of the regist Florida Department of	ered agent and the reg State:	gistered office	address as shown or	the records	of the	
•	Steven M. Laso					
	000 M-1/ A	Name				
	220 McKenzie A	Address				
	Panama City, FL					
	Cit	y, State and Zij)	Σo		
6. The name and address	of the new registered	agent and/or o	ffice:	LLAH LLAH	17 APR 12	E 201724
	Brian D. Leebric	k, Esq.a		NS.A	~~	* :2:2:2:
	000 14 17	Name		338		i. Harman
	220 McKenzie Av		YOTE	OF STATEE FLORIE	呈	· i
	Florida street addre	ess (P.O. Box N	(OT acceptable)	OR OR	2: 2	-anal
	Panama City,	FL 3240	1	~0.4 3T.	29	
	City,	, State and Zip	· ··-			
If the limited liability cor confirmed that after the c and the business office of liability company, it is he of the members of the lir or the operating agreement (Signature of a member or author)	hange or changes are the registered agent when the registered agent when the the comparent of the limited liabil	made, the Flor will be identica he change(s) was otherwitty company.	ida street address of l. Or, in the case of as/were authorized	f the registere f a Florida lin by an affirma	ed office nited ative ve	ote
(Signature of a member of author	ized representative of a men	noer)				
Steven M. Lasota, Aut (Printed or typed name of signee))					
I hereby accept the appo comply with the provision and I am familiar with an Chapter 608, F.S. Or, if address, I hereby confirm	intment as registered as of all statutes relati a accept the obligation this document is being that the limited liabil	agent and agree ive to the prope was of my positi filed to merel lity company hi	ee to act in this capa r and complete per on as registered ag v reflect a change in as been notified in v	icity. I furthe formance of i ent as provid i the register vriting of this	er agre ny dut ed for ed offi chang	e to ies, in ce ge.
(Signature of Registered Agent)						

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