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SECRETARY OF STATE
TALLARYS VE. FLORDA

N. Culligan JUL 20 200



STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, 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.	Na	ame of the limited liability company: ROCHE INVES	STM	ENTS, LLC			_
2.	(a)	ROCHE INVESTMENTS, LLC		(b) ROCHE	INVESTMENTS,	, LLC	_
	()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	-		Nailing address of limited (Note: MAY BE POST		-
		4107 NORTH HIMES AVENUE, 2ND FLOOP	₹	4107 NO	RTH HIMES AVI	E, 2ND FLOOR	
		TAMPA, FLORIDA 33607	_	TAMPA,	FLORIDA 33607	,	_
		02/06/2007		L0700001	4270		
3.		Date of filing/registration in Florida	4.		Document number		-
5.	(a)	MELISA MARTIN					
٠.	(4)	Registered Agent and Registered Office shown on the records of the	e Flori	da Dept. of State	:		
		ROCHE INVESTMENTS, LLC					
		Registered Office Address (MUST BE FLORIDA STREET AL	DDRE.	<u>SS)</u>		₹00 ≥	
		1910 ORIENT ROAD					
		TAMPA ,FL3	361	9			
						7 F	
	(b)	MELISA MARTIN					
		Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered O</u>	office a	iddress:		TO TO	
		ROCHE INVESTMENTS, LLC				5	
		NEW Registered Office Address:	· -				
		4107 NORTH HIMES AVENUE, 2ND FLOOR	₹				
		TAMPA, FL 3	360	7			
the age was the	cha ent v s/we arti	imited liability company is not organized under the laws inge or changes are made, the Florida street address of the will be idemical. Or, in the case of a Florida limited liab ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the li	he regoility the li	gistered office company, it is mited liability	and the business off hereby confirmed the company or as other pany.	fice of the registered hat the change(s) erwise provided in	1
	-	ture of a member or authorized representative of a member	_ 4	and a state	Printed or typed name o	•	
the to r	ovisi obl mere tified	by accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete p igations of my position as registered agent as provided ely effect a change in the registered office address, I he did not writing of this dhange.	e to a erfor for in creby	ct in this capa mance of my a 1 Chapter 605, confirm that t	ncity. I further agree luties, and I am fami , F.S. Or, if this doc he limited liability c	e to comply with the iliar with and accep cument is being filea company has been	1