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ACCOUNT NO. : 072100000032

REFERENCE: 970179 4319480

AUTHORIZATION

ORDER DATE: June 27, 2007

ORDER TIME : 10:04 AM

ORDER NO. : 970179-510

CUSTOMER NO: 4319480

CHANGE OF AGENT

NAME: WORLD HOLDINGS, LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Doreen Wallace -- EXT# 2928

EXAMINER:

. 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.

0	<i>3</i>			
1. The name of the limited	d liability company is:	WORLD HO	DINGS, LLC	
2. The mailing address of	the limited liability co	ompany is :		
_	·	• •		·
12001 Cory Lake Boule	vard, Tampa, FL	33647	····	<u> </u>
02/20/2007			L07000019193	
3. Date of filing/registrati	on in Florida		4. Document num	nber
5. The name of the registe Florida Department of S	red agent and the regis	stered office	address as shown of	on the records of the
•	Euç	gene E. The	omason	
		Name		
	12001 Cor	y Lake Bo	ılevard	7.00
		Address		PEC 7
	Tampa City	State and Z	47	器量
< m 1 1 1 1 1 1 1 1 1	•		•	29 T
6. The name and address of	if the new registered a	gent and/or	office:	NZ9 PR
	Corporation	n Service	Company	TJUN 29 PH 2:31
,		Name		Sold W
<u>-</u>	1201 H	Hays Stree	t	A DE
	Florida street address	s (P.O. Box	NOT acceptable)	ダ
	Tallahassee	FL	32301	
•	City, S	State and Zip)	
If the limited liability com- confirmed that after the ch and the business office of a liability company, it is here the members of the limited the operating agreement of	ange or changes are methe registered agent with the confirmed that the diability company or fithe limited liability company or fitting the liability company or fitting the limited liability company or fitting the liability of the liabilit	nade, the Flo ill be identic change(s) vas otherwise ompany.	rida street address of al. Or, in the case of was/were authorized	of the registered office of a Florida limited by an affirmative vote of
	•	,		
Maureen Cullen, Autho (Printed or typed name of signee)	rized Person			
I hereby accept the appoir comply with the provisions and I am familiar with and Chapter 608, F.S. Or, if the address, I hereby confirm to	 -		ree to act in this caper and complete per tion as registered a ly reflect a change has been notified in	pacity. I further agree to erformance of my duties, gent as provided for in in the registered office writing of this change.
(Signature of Registered Agent) S	ylvia Queppet, Ass	st. VP		

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314