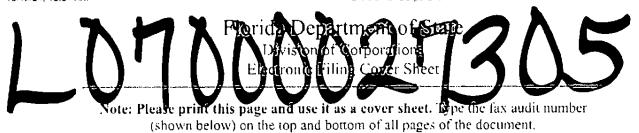
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Division of Corporations



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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 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.

2. (a)	ame of the limited liability company:		(b) 189 S ORANGE AVE				
2. (11)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(''		Mailing address of firmled liability company: (Note: MAY BE POST OFFICE BOX)			
	ORLANDO, FL 32801		ORLAND	OO, FL 32801			
	03/12/2007		.07000027.	305			
3. 5. (a	Date of filing/registration in Florida CORPORATE CREATIONS NETWORK INC.	4.		Document number			
5. (a)	Registered Agent and Registered Office shown on the records of the Florida Dept. of State 801 US HWY I N			– se.	. 20		
	Registered Otlice Address (MUST BE FLORIDA STREET	(ADDRESS)		- 1.0 2.0 2.0 1.0 1.0 1.0 1.0 1.0 1.0 1.0 1.0 1.0 1	2024 OCT		
	PALM BEACH, FL	L_33408		- 17.7 - 7.7	8	1	
	C T Corporation System			PM 2:	O		
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	d Office add	<u>ræ?</u> .	1	58		
	NEW Registered Office Address:			_			
	1200 South Pine Island Road	 .		_			
	Plantation FI	33324		_			
the ch agent was/w	imited liability company is not organized under the la ange or changes are made, the Florida street address o will be identical. Or, in the case of a Florida limited I ere authorized by an affirmative vote of the members icles of organization or the operating agreement of the	of the regis iability co- of the limited li-	ered offic npany, it i ted liabilit ability con	e and the business office is hereby confirmed that by company or as otherw inpany.	of the re the chan	gistered gc(s)	
	เนาะ of a member or authorized representative of a member	KA1 ———	LA KOROS	EC. MANAGER Printed or typed name of sig			
J har	hy accept the appointment as registered agent and agions of all statutes relative to the proper and complete ligations of my position as registered agent as provide ely reflect a change in the registered affice address. I	ree to act e performa ed for in C	in this cap nee of my hapter 60.	sacio: I further avree to	- . <i>เฉลมปร</i> า	vuh ihe d accept ng filed	

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

Signature of Registered Agent SEANL EMERICK, ASS STANT SECRETARY