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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.

1. Ne	me of the limited liability company:							
	1700 NW 66TH AVENUE		(b) 1700 NW 66TH AVENUE					
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) STE 102					
	STE 102							
	PLANTATION, FL 33313		PLANTATION, FL 33313					
	06/12/2007		L0700006		<u>. </u>			
3.	Date of filing/registration in Florida	4,		Document numb	er			
(/a)	BSPA CORPORATE SERVICES, INC.							
5. (a)	Registered Agent and Registered Office shown on the records of the Florida Dept. of State:							
	Registered Office Address MUST BE FLORIDA STREET			a.				
	350 E. LAS OLAS BLVD., STE 1000	-		QĐ				
	FORT LAUDERDALE , F	L_33301		_	2020 S	.7		
(b)	SCOTT ZIMMERMAN			. 	SEP -			
`,	Enter name of NEW Registered Agent and/or NEW Register	<u>ed Office as</u>	quess;		T T F.	。 つ		
	NEW Registered Office Address:				Ω ∺			
	SOI N MAGNOLIA AVENUE				00			
	ORLANDO1	FL_32801						
Sign Sign Sign I her provi The o to month	limited liability company is not organized under the se or changes are made, the Florida street address of twill be identical. On in the case of a Florida limited were authorized by an affiliantive vote of the member ticles of organization or the operating agreement of the institute of a member of the appointment as registered agent and or sions of all statutes of any positions of the proper and complete the appointment of the proper and complete the proper and complete the proper of the proper and complete the proper of the proper and complete the pro	liability of the limited	ompany, i nited liabi Hability co OTT ZIMI	t is hereby confirmality company or as ompany. MERMAN Printed or typed	ned that the otherwise of sign	ne change(s) se provided in:		
១ខ្វេក	Division of Corporations P.), Box 63	27• Talla	hassee, FL 32314	Į.			
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