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Florida Department of State
Division of Corporations
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Account Number : I20070000020 Phone : (813)435-3176 Fax Number : (813)333-6358

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LLC REGISTERED AGENT CHANGE ODYSSEY INTERNATIONAL GROUP, L.L.C.

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J. SAULSBERRY EXAMINER

APR 18 2012

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. Name of the limited liability company: ODYSSEY	INTERNATIONAL GROUP, L.L.C.
2. (a) Principal office address of limited liability company	y:
(Note: MUST BE STREET ADDRESS)	2012
(b) Mailing address of limited liability company:	APR TO HASS
(Note: MAY BE POST OFFICE BOX)	mo s m
07/20/2007	L070000752fg ∾
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office shown on	the records of the Florida Dept. of State:
Registered Agent:	THE LAW OFFICES OF NICK SPRADLIN, PLLC
Registered Office Address:	12000 NORTH DALE MABRY HWY SUITE 110 TAMPA, FLORIDA 33618
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEV</u>	W Registered Office address:
NEW Registered Agent:	THE LAW OFFICES OF NICK SPRADLIN, PLLC
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	18952 NORTH DALE MABRY HWY SUITE 102
	<u>LUTZ</u> ,FL33548
If the limited liability company is not organized under the I confirmed that after the change or changes are made, the Fl and the business office of the registered agent will be ident liability company, it is hereby confirmed that the change(s) of the members of the limited liability company or as other or the operating agreement of the limited liability company	aws of the State of Florida, it is hereby lorida street address of the registered office ical. Or, in the case of a Florida limited was/were authorized by an affirmative vote wise provided in the articles of organization.
<u> </u>	_
Signature of a member or authorized representative of a member	
NICKOLAS J. SPRADLIN, ESQ. Printed or typed name of signee	-
I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the province and I am familiar with and accept the obligations of my polychapter 608, F.S. Or, if this document is being filed to men address, I hereby confirm that the limited liability company	gree to act in this capacity. I further agree to per and complete performance of my duties, sition as registered agent as provided for in rely reflect a change in the registered office has been notified in writing of this change.

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

ire of Registered Agent