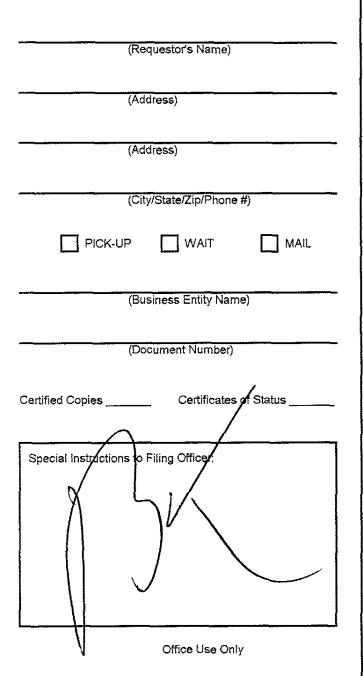
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## CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

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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 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.

Fort Myers, Florida 33907	
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07/30/2007	L07000077736
3. Date of filing/registration in Florida	4. Document number
5. The name of the registered agent and the registered off Florida Department of State:	
Mary V. Palumbo Name	
1430 Royal Palm Square Bly	d., 103_
Address	بن این این این این این این این این این ای
Fort Myers, Florida 33919 City, State and	22
6. The name and address of the new registered agent and	/or office:
Mary V. Palumbo	
Name	
5260 Summerlin Commons W	
Florida street address (P.O. B	ox NOT acceptable)
Fort Myers, FL 3	3907
City, State and	Zip

of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

(Signature of a mergitier of authorized representative of a member)		
(Signature of a measurer of authorized representative of a member)	-	
Mary V. Palumbo		

(Printed or typed name of signec)

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. On if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

(Signature of Registered Agent)