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Office Use Only

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: $S \propto S$	CAPRI LLC
2. (a) Principal office address of limited liability company (Note: MUST BE STREET ADDRESS)	1200 W DAUGHTERY RD LAKELAND FL 33810
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	P.O BOX 1745 HIGHLAND CITY FL 33846
10-02-2007 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:	JOHN METIA SE 2
Registered Office Address:	1200 W DAUGHTERY ROTELAKELAND FL 33810
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Agent</u> : NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	JORGE GUERRERO 6726 HARTSWORTH DRIVE
If the limited liability company is not organized under the that after the change or changes are made, the Florida street office of the registered agent will be identical. Or, in the charge confirmed that the change(s) was/were authorized be liability company or as otherwise provided in the articles of limited liability company.	et address of the registered office and the business ase of a Florida limited liability company, it is
(Signature of a member or authorized representative of a member)	-
Tokke Guerrer (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 prain familiar with and accept the obligations of my position F.S. Or, if this document is being filed to merely reflect a confirm that the limited liability company has been notified	igree to act in this capacity. I further agree to oper and complete performance of my duties, and I as registered agent as provided for in Chapter 608, change in the registered office address, I hereby d in writing of this change.

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

(Signature of Registered Agent)