

**FILED**  
**Feb 21, 2008 8:00 am**  
**Secretary of State**

DOCUMENT # L07000110341

**Mailing Address**  
1236 CHANNELSIDE DRIVE  
TAMPA, FL 33602

### 3. Mailing Address

Suite, Apt. #, etc.

City &amp; State

Country

02182008 Chg-LLC . CR2E083 (12/06)

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

**7. Name and Address of New Registered Agent**

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

Make check payable to  
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

ADDITIONS/CHANGES

☐ Change    ☐ Addition☐ Change    ☐ Addition☐ Change - ☐ Addition☐ Change    ☐ Addition☐ Change      ☐ Addition☐ Change    ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

(813) 223-2840

**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE**

Date \_\_\_\_\_

Daytime Phone # \_\_\_\_\_