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LLC REGISTERED AGENT CHANGE **BURRIS WAREHOUSE, LLC**

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S. HAWKES

OCT 2 8 2010

EXAMINER

STATEMENT OF CHANGE OF REGISTERED OFF BOTH FOR LIMITED LIABILITY COMPANY	ICE OR REGISTERED AGENT OR	
Pursuant to the provisions of sections 608.416 or 608.5 liability company submits the following statement in order agent, or both, in the State of Florida.	108, Florida Statutes, the undersigned thinled or to change its registered office or registered	
1. Name of the limited liability company:	BURRIS WAREHOUSE, LLC	
2. (a) Principal office address of limited liability company	2595 BURRIS RD.	
(Note: MUST BE STREET ADDRESS)	DAVIE FI, 33314	
(b) Mailing address of limited liability company:	810 N. B. 20TH AVB	
(Note: MAY BE POST OFFICE BOX)	FORT LAUDERDALR FL 33304	
(2/03/2007	L07000120122	
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:	NRAI SERVICES, INC.	
Registered Office Address:	2731 EXECUTIVE PARK DRIVE STE 4 WESTON FL 33331	
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEY</u> <u>NEW</u> Registered Agent:	W Registered Office address: CT Corporation System	
NEW Registered Office Address: MUST BE FLORIDA STREET ADDRESS)	1200 South Pine Island Road Plantation, PL 33324	
If the limited liability company is not organized under the leaning that after the change or changes are made, the Fl and the business office of the registered agent will be identified liability company, it is hereby confirmed that the change(s) of the members of the limited liability company or as other or the pperating agreement of the limited liability company or as other or the presenting agreement of the limited liability company. Signature of a manifer or subscrized representative of a member ALLER PRESIDENT Printed or typed name of signes I hereby accept the appointment as registered agent and accomply with the provisions of all statutes relative to the prograd am familiar with and accept the obtigations of my post address, I hereby confirm that the limited liability company of Temporation System (Males - Males)	aws of the State of Florida, it is hereby orida street address of the registered office ical. Or, in the case of a Florida limited was/were authorized by an affirmative vone wise provided in the articles of organization	
C T Curporation System (Diffus Child Barbara A. Burke Special Assistant Special Assi		

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

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