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LLC REGISTERED AGENT CHANGE SPECTRUM SCAN - SUSANVILLE, LLC

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A. LUNT

DEC 21 2010

EXAMINER

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: SPECTRUM	SCAN - SUSANVILLE, LLC	
2. (a) Principal office address of limited liability comp		7 2 22
(Note: MUST BE STREET ADDRESS)	215 FIFTH STREET, SUITE 100 WEST PALM BEACH FL 33401	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
(b) Mailing address of limited liability company:		% 20 % 20
(Note: MAY BE POST OFFICE BOX)	215 FIPTH STREET, SLITE 100 WEST PALM BEACH FL 33401	
02/19/2008	1,08000017644	9 30 30 30 4 5
3. Date of filing/registration in Florida	4. Document number	<i>ω</i> .
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 BXECUTIVE PARK DRIVE, WESTON FL 33331 US	SUITE 4
(b) Enter name of <u>NEW Registered Agent</u> and/or	· · · · · · · · · · · · · · · · · · ·	
<u>NEW</u> Registered Agent:	C T Corporation System	
NEW Registered Office Address: MUST BE FLORIDA STREET ADDRESS)	1200 South Fine Island Road	
	Plantation	,FL_33324
If the limited liability company is not organized under confirmed that after the change or changes are made, t and the business office of the registered agent will be liability company, it is hereby confirmed that the chan of the members of the limited liability company or as	the Florida street address of the regi identical. Or, in the case of a Florid tre(s) was/were authorized by an af	stered office ia limited firmative vote

Printed or typed name of signes

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. Or, 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.

Light Corporation System

Refle Markowski

Signature of Registered Accept

Signature of Registered Agent

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