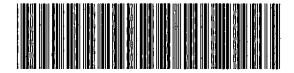
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SECRETARY OF STATE FALLAHASSEE, FLORIDA

AR IN AMIL.

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Brisben Holding (Name of Limited)	IS IT, LLC Heliability Company)
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office O	Change and fee(s) are submitted for filing.
Please return all correspondence concerning this ma	atter to the following:
Rebecca S. Osovio (Name of Person)	OB MAR -6 AM 11: 14 SECRETARY OF STATE TALLAHASSEE. FLORID
Ruden McClosky (Firm/Company)	A III I
200 E. Broward Blud., S	SUITE 1500
Ft. Lauderdale, FL 33 (City/State and Zip Code)	<u>301</u>
For further information concerning this matter, plea	ase call:
Rebecca S. OSOVIO at (Name of Person)	(Area Code & Daytime Telephone Number)
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
Enclosed is a check for the following amo	ount:
\$25 Filing Fee	\$55 Filing Fee & Certified Copy

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.50 liability company submits the following statement in order agent, or both, in the State of Florida.)8, Florida Statutes, the undersign to change its registered office or	ied limited registered	
1. The name of the limited liability company is: BYS	ben Holdinas T	T. LLC	
	22 11 0-66/10 800	2	
2. The mailing address of the limited liability company is:	as in Built we	<u>((,√, , , , , , , , , , , , , , , , , , </u>	
Jupiter Island, +L 33455		·	
2127108	L080000 207	32	
3. Date of filing/registration in Florida	4. Document number		
5. The name of the registered agent and the registered office Florida Department of State:	e address as shown on the records of		
200 E. Broward Bl	vd. Suite 1500	•	
Justev Island, F City, State and 2	L 32455	08 HAR SECRE	
6. The name and address of the new registered agent and/or	office:	弱る	
William O. Bri	sben	別の	
22 N Aec chame	ad .	FEST III	
Florida street address (P.O. Box	(NOT acceptable)	哥二	
Jupiter Island FL 3. City, State and Z.	3455 ip	•	
If the limited liability company is not organized under the laconfirmed that after the change or changes are made, the Fl and the business office of the registered agent will be ident liability company, it is hereby confirmed that the change(s) of the members of the limited liability company or as othe or the operating agreement of the limited liability company	lorida street address of the registere ical. Or, in the case of a Florida lir) was/were authorized by an affirma rwise provided in the articles of org	ed office nited ative vote	
(Signature of a member or authorized representative of a member)	_		
(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 provision of all statutes relative to the provision of all statutes relative to the provision of the provision	gree to act in this capacity. I furth oper and complete performance of sition as registered agent as provid rely reflect a change in the register y has been notified in writing of thi	er agree to my duties, led for in red office s change.	
Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00			
/ FILING FEE: S	4 ⊃.UV		

INHS18 (8/05)