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EXAMINER

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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: SAMB	ROOK PROPERTIES LLC
2. (a) Principal office address of limited liability company	2701 FOREST ROAD
(Note: MUST BE STREET ADDRESS)	SPRINGHILL FL 34606 US
(b) Mailing address of limited liability company:	C/O MICHAEL LEVENSON
(Note: MAY BE POST OFFICE BOX)	2001 DECARLO AUE SPRINGHILL 34608 US
3. Date of filing/registration in Florida	L-08000027070 4. Document number
5. (a) Registered Agent and Registered Office shown on	
Registered Agent:	MASCARA EARNEST, L
Registered Office Address:	721 FIRST AUE NORTH ST. PETERSBURY FL
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW NEW Registered Agent:</u> NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	JANET LEVENSON 2001 DECARLO AVE
If the limited liability company is not organized under the	,FL_34-608
confirmed that after the change or changes are made, the F 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 other or the operating agreement of the limited liability company Signature of a member or authorized representative of a member	lorida street address of the registered office ical. Or, in the case of a Florida limited was/were authorized by an affirmative vote wise provided in the articles of organization
Printed or typed name of signee	- 07A
I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the pro and I am familiar with and accept the obligations of my po Chapter 608, F.S. Or, if this document is being filed to me address, I hereby confirm that the limited liability company	gree to act in this capacity. Pfurther agree to oper and complete performance of my duties, sition as registered agent as provided for in rely reflect a change in the registered office y has been notified in writing of this change.
Signature of Registered Agent	

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