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4

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

Pursuant to the provisions of sections 605.0114 or 605.0116, 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.

2. (a)	5109 W. Lemon Street	ſ	51 b)	09 W	. Lemon Street			
· (a) .	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	·- \	-, <u>—</u>	1	Mailing address of limite (Note: MAY BE POS			
	Tampa, Florida 33609		Ta	mpa,	Florida 33609		•	
	06/02/2008		LQ8	0000	54047			
3.	Date of filing/registration in Florida	4.			Document number			
5. (a)	J. Matthew Marquardt							
, (a)	Registered Agent and Registered Office shown on the records of 625 Court Street, Sulte 200			, of Stat	- 			
	Registered Office Address (MUST SE FLORIDA STREET)	<u> 1DDRES</u>	<u>(S)</u>			77	16 F	
	Clearwater, ,FL	33756	3		_		FEB	13.69
(ъ)	Julio Esquivel, Esq.,					M.	→	2 6 7 7 1 4 1 4 1 4 1 4 1 4 1 4 1 4 1 4 1 4
(0)	Enter name of NEW Recletered Agent and/or NEW Registered	Office a	ddren	;			A	i f
	c/o Shumaker, Loop & Kendrick, LLP						9: 12	"-, .F
	NEW Registered Office Address:					17		
	101 E. Kennedy Boulevard, Suite 2800				_			
	Tampa, , FL	3360	2_		_			
agon wayw the art	imited limitity company is not organized under the large or changes are prode, the Florida street address of will be identiful. Of in the case of a Florida limited licre authorized by an affirmative vote of the members of icles of organization or the operating agreement of the	ability (of the li- limited	omp mited Hiabi	any, it liabili lity co	is hereby confirmed ty company or as oth mpany. oyle, Jr., Manage	that the terwise	change provide	X(B)
	mire of member or authorized representative of a member				Printed or typed name			tat at -
I here provis the ob- to mer notifie	by accept the appointment as registered agent and ag lons of all statutes relative to the proper and complete ligations of my position as registered agent as provide ely reflect a change in the registered office address, I d in writing of this change.	ree to a perfori ed for in hereby	ct in nanc Cha confi	this cap e of my oter 60 rm thai	oacity. I further agri odulies, and I am fan 5, F.S. Or, if this do 1 the limited liability	ee to co niliar w cument compai	mply w ith and is bein iy has l	ith the accep g filed ieen
Signati	ire of Registered Agent							
, T.	Division of Corporations P.O.	Box 62'	27e '	'allaka	155ec. FL 32314			

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