## Florida Department of State

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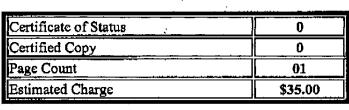
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## REGISTERED AGENT CHANGE





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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

in the State of Florida.	
I. Name of the limited liability company: UBW-1, LLC	
2. (a) Principal office address of limited liability compan (Note: MUST BE STREET ADDRESS)	y: c/o L.R.S. Co. 903 University Blvd. North Jacksonville, Florida 32211
(b) Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)	c/o I. R.S. Co. 903 University Blvd. North Jacksonville, Florida 32211
August 14, 2008	L08000078209
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:	Leonard Honard Serzer
Registered Office Address:	C/o LR.S. Co.
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Office address</u> :	
NEW Registered Agent:	Benjamin Adam Setzer
NEW Registered Office Address:  MUST BE FLORIDA STREET ADDRESS)	c/o L.R.S. Co. 903 University Bivd. North Jacksonville p.FL 32211
If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.  By Signature of a member or authorized representative of a member)	
Bertzmin Adam Sctzer (Printed or typed name of signoc)	
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.  (Signature of Registered Agent)	

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

INHS18 (05/08)

Prepared by Robert Riva Florida Bar No. 0042022 904-353-2000

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