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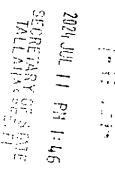
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COVER LETTER

TO:	Registration Section
	Division of Corporations

SUBJECT:Nar	Name of Limited Liability Company					
Dear Sir or Madam:						
The enclosed Registered Agent/Registered Off	ice Change an	d fee(s) are submitted for filing.				
Please return all correspondence concerning th	is matter to the	e following:				
Zachary W. Lombardo						
Name of Person						
Woodward, Pires & Lombardo, P.A.		SECRETALL AT				
Firm/Company						
3200 Tamiami Trail N. Ste. 200						
Address						
Naples, FL 34103		1-1-1-1 111				
City/State and Zip Code	- · · · - · · · · · · · · · · · · · · ·					
zlombardo@wpl-legal.com						
E-mail address: (to be used for future ann	ual report noti	fication)				
For further information concerning this matter,	, please call:					
Zachary W. Lombardo, Esq.	239 at (649-6555)				
Name of Person		Area Code & Daytime Telephone Number				
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303				
Enclosed is a check for the following \$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 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.

. (a)			(h)	·			
	Principal office address offimited liability company: (Note: MUST BE STREET ADDRESS)			(b)			
	H44 THIRD STREET SOUTH	1144 THIRI			D STREET SOUTH		
	NAPLES, FL 34102 09/03/2008		NAPLES, FL 34102				
				1.08000083865			
	Date of filing/registration in Florida	4.	_	Doc	ument number		
. (a)							
. (11)	Registered Agent and Registered Office shown on the records of	the Floric	da 1	Dept. of State:			
	CT CORPORATION SYSTEM						
	Registered Office Address (MUST BE FLORIDA STREET)	ADDRES	<u>(SS)</u>				
1200 SOUTH PINE ISLAND POAD							
	PLANTATION	33324			2024 JUL 11 SECRETAS TALLAHA		
(b)					AH.		
(11)	Enter name of NEW Registered Agent and/or NEW Registered	Office at	ddı	'ess':			
	Zachary W. Lombardo, Esq.	- <u></u> -			PH 1:16		
	<u> </u>				三角		
	NEW Registered Office Address:						
	3200 TAMIAMI TRAIL N. STE. 200						
	NAPLES ,FL	34103					
nange gent v as/we e arti	imited liability company is not organized under the law or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited livre authorized by an affirmative vote of the members cles of organization or the operating agreement of the three companies of the member of	registe ability of of the 1 limited	rec cor im d	I office and the npany, it is her ited liability co iability compan	business office of the registered by confirmed that the change(s) mpany or as otherwise provided i		

Isl Zachary W. Lombardo, Esq. Signature of Registered Agent