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Division of Corporations

Fax Number : (850)617-6380

Account Name : GRANT, FRIDKIN, PEARSON, ATHAN & CROWN, F.A.

Account Number : 076402003516

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REGISTERED AGENT CHANGE

AG ACQUISITIONS, LLC

Certificate of Status	0
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Corporate Filing Me

JUL - 8 2009

EXAMINE.

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.

Name of the limited liability company:	AG Acquisitions, LLC
2. (a) Principal office address of limited liability compar	y:
(Note: MUST BE STREET ADDRESS)	3401 Pelican Landing Parkway, Suite 2 Bonita Springs, FL 34134
(b) Mailing address of limited liability company:	
(Note: MAY BE POST OFFICE BOX)	P.O. Box 1318 Bonita Springs, FL 34133
May 4, 2009	L09000042951
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office shown or	n the records of the Florida Dep States
Registered Agent:	Alexandra Erdman
Registered Office Address:	1004 Collier Center Way, Suite 102 Naples, FL 34110
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Agent</u> :	EW Registered Office address
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	3401 Pelican Landing Parkway, Suite 2 Bonita Springs, FL 34134
If the limited liability company is not organized under the confirmed that after the change or changes are made, the and the husiness office of the registered agent will be idealiability company, it is hereby confirmed that the change of the members of the limited liability company or as other or the operating agreement of the limited liability company. Signature of member or authorized representative of a member	Florida street address of the registered office
Alexandra Erdman Printed or typed name of signee	
I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the p and I am familiar with and accept the obligations of my r Chapter 608, F.S. Or, if this document is being filed to a address, I pereby confirm that the limited liability compa	agree to act in this capacity. I further agree to proper and complete performance of my duties, position as registered agent as provided for interely reflect a change in the registered office my has been notified in writing of this change.

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