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To:

Division of Corporations

fax Number

: (850)617-6383

From:

Account Name

: GUNSTER, YOAKLEY, ETAL. (WEST PALM

Account Number: 076117000420

Phone

: (561)650-0728

Fax Number

: (561)655-5677

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please **

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REGISTERED AGENT CHANGE AEGEAN DISC HOLDING, LLC

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C. LEWIS

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y # COV	ER LETTER					
TO: Registration Section Division of Corporations						
Name of Limited Liability Company						
Dear Sir or Madam:						
The enclosed Registered Agent/Registered Office	e Change and fee(s) are submitted for filing.					
Please return all correspondence concerning this matter to the following:						
Lisa A. Schneider, Esq. Name of Person						
GUNSTER, YOAKLEY & STEWART, F	P.A					
777 South Flagler Drive, Suite 500 Ea	ast					
West Palm Beach, FL 33401 City/State and Zip Code						
mcramer-scharlatt@gunster.com E-mail address: (to be used for future annual report notifice	tion)					
For further information concerning this matter, please call:						
Mary E. Cramer-Scharlatt, C.P., FRP at (561) 650-0728 Area Code & Daytime Telephone Number					
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314					
Enclosed is a check for the following amount:						
\$25 Filing Fee	\$55 Filing Fee & Certified Copy					

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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. <u> Aegean Disc Holding,</u> LLC 1. Name of the limited liability company: _ 11621 Kew Gardens Avenue 2. (a) Principal office address of limited liability company: (Note: MUST BE STRËET ADDRESS) Suite 109 Palm Beach Gardens, FL 33410 (b) Mailing address of limited liability company: 11621 Kew Gardens Avenue (Note: MAY BE POST OFFICE BOX) Suite 109 Palm Beach Gardens, FL 33410 July 27, 2009 L0900007184 4. Document number 3. Date of filing/registration in Florida (a) Registered Agent and Registered Office shown on the records of the Florida Dept. Registered Agent: GY Corporate Services, Inc. 777 South Flagler Drive Registered Office Address: Suite 500 East West Palm Beach, (b) Enter name of NEW Registered Agent and/or NEW Registered Office address: Kathryn K. Theofilos **NEW** Registered Agent: **NEW** Registered Office Address: <u>11621 Kew Gardens Avenue</u> (MUST BE FLORIDA STREET ADDRESS) Suite 109 Palm Beach Gardens 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. Signature of a member or authorized representative of a member Lisa A. Schneider, Esq., Authorized Representative Printed or typed name of signee 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 auties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 618, 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.

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

Kathiyn K. Theofilos

INHS18 (05/08)

Signature of

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