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(((H11000200283 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : TRIPP SCOTT, P.A.

Account Number : 075350000065 Phone

Fax Number

: (954)525-7500 : (954)761-8475

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

Email'	Address:	MANGETRIPPSCOTT.COM	

LLC REGISTERED AGENT CHANGE **CLYDEY HOLDINGS, LLC**

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D. BRUCE

AUG 11 2011

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H11000200283

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.

1. Name of the limited liability company:

CLYDEY HOLDINGS, LLC

2. (a) Principal office address of limited liability company:

4613 N. LINIVERSITY DRIVE

2. (a) Principal office address of limited liability company	y: 4613 N. UNIVERSITY DRIVE
(Note: MUST BE STREET ADDRESS)	#579
	CORAL SPRINGS, FL 33067
(b) Mailing address of limited liability company:	4613 N. UNIVERSITY DRIVE
(Note: MAY BE POST OFFICE BOX)	#579 CORAL SPRINGS, FL 33067
	CORAL SPRINGS, PL 33007
10/13/2009	L09000098864
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office shown on	the records of the Florida Dent of State:
5. (a) registered registered Office shown on	Was C
Registered Agent:	ERICA L. DUNMYER, TRIPPE COTT P.A.
Registered Office Address:	110 SE 6TH STREET, 18TH FLOOR
· ·	FORT LAUDERDALE, FE \$3301
	→ · · · · · · · · · · · · · · · · · · ·
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NE</u>	W Registered Office address:
NEW Registered Agent:	PETER HERMAN, ESQ.
NEW Registered Office Address:	C/O TRIPP SCOTT, P.A.
(MUST BE FLORIDA STREET ADDRESS)	110 SE 6TH STREET, 15TH FLOOR
	FORT LAUDERDALE,FL33301

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

SHARON JACOBSON, 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 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