Division of Corporations

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EB 10 A 10: 32

LLC REGISTERED AGENT CHANGE 3J & ASSOCIATES, LLC

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H17000039401 3

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.

1. N	ame of the limited liability company: 33 & ASSOC	CIATES, LLC						
2. (a)	2323 Del Prado Blvd #B-1	(b)						
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAT BE POST OFFICE ROX)					
	Cape Coral, Florida 33990	Car	pe Coral, Florida 33990					
	and the second s	<u> </u>						
	11/5/2009	· ·	000106927					
3.	Date of filing/registration in Florida	4	Document number					
5. (a)	REAVES, R B							
	Registered Agent and Registered Office shown on the records of	of the Florida Dept. (of State:					
	2323 DEL PRADO BLVD SUITE B1							
	Registered Office Address GHUST BE FLORIDA STREET	ASSI ASSI						
	CAPE CORAL E	L 33990	— Eff					
		<u> </u>						
(b)	Business Filings Incorporated		콘ૂ					
(-,	Enter some of NEW Registered Agent and/or NEW Registers	ed Office address:	——————————————————————————————————————					
	1200 South Pine Island Road	•	•					
,	<u>NEW</u> Registered Office Address:							
	Plantation	33324	- i.					
	THIRM I	T						
the cha agent was/we	imited liability company is not organized under the lange of manges are made, the Florida street address will be identical. Or, in the case of a Florida limited by authorized by an effirmative vote of the members	of the registered liability compan s of the limited li	office and the business office of the registered y, it is hereby confirmed that the change(s) ability company or as otherwise provided in					
the arti	cles of organization or the operating agreement of the	ie limited liabilit	y co mpany .					
کے		Russel B	Renves, Member					
	ture of a mamber or suthorized representative of a member		Printed or typed name of signee					
I harei provisi the obl to mari notified	by accept the appointment as registered agent and a ons of all statules relative to the proper and complet igations of my position as registered agent as provide by reflect a change in the registered office address, a lify refling of this change.	gree to act in thi le performance a led for in Chapte I hereby confirm	s capacity. I further agree to comply with the of my duties, and I am familiar with and accept or 605. F.S. Or, if this document is being filed that the limited liability company has been					
Signatu	re of Registered Agent Mark Williams, AVP, Busin	ess Filings Incom	porated					
	Division of Cornerations P.O.	. Rox 6327 Tai	Inhassee, FL 32314					

FILING FEE: \$25.00

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H170000 39401 3