Division of Corporations



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (813)436-5206

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

Fmail	Address:			
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LLC REGISTERED AGENT CHANGE FOREMOST PROPERTY SOLUTIONS, LLC

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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Fax: 8134365206

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	FOREMOST PRO same of the limited liability company:	OPERTY SOLU	TIONS, LLC			
2. (a)		(b)				
` '	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)			
	05/28/2010	L100	00057613			
3.	Date of filing/registration in Florida	4.	Document number			
5. (a	Aubrey Dallen & Associates LLC					
<i>5</i> . (a	Registered Agent and Registered Office shown on the records of 1260 Carlton Arms Circle Registered Office Address (MUST BE FLORIDA STREET)	. of State:				
	Bradenton, FL	34208	20241167			
/L	Registered Agents Inc					
(b)	Enter name of NEW Registered Agent and/or NEW Registered	 ; · ·				
	7901 41h St N					
	NEW Registered Office Address:	NEW Registered Office Address:				
	STE 300					
	St. Petersburg, FL	33702				
the ch agent was/v the ar	limited liability company is not organized under the law lange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited livere authorized by an affirmative vote of the members of the operating agreement of the limit of a member of authorized representative of a member.	f the registered ability compa of the limited	d office and the business office of the registered ny, it is hereby confirmed that the change(s) liability company or as otherwise provided in ity company.			
I here provi: the ob to me.	eby accept the appointment as registered agent and agrisions of all statutes relative to the proper and complete bligations of my position as registered agent as provide rely reflect a change in the registered office address, I ged in writing of this change.	performance d for in Chap hereby confiri	ais capacity. I further garge to comply with the			
Signat	ure of Registered Agent David Roberts - Assistant S	ecretary				