## Florida Department of State

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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 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.

)		(b) _				
	Principal office address of limited liability company: (Note: MUST BR STREET ADDRESS)	Malling address of limited liability company: (Yols: MAY EE POST OFFICE BOX)				
	7/13/2011	– – Li	1000080741			
	Date of filing/registration in Florida	4.	Doc	ument number	•	
)	Charles N. Gross, Jr.					
,	Registered Agent and Registered Office shown on the records of the	ne Florida D	ept. of State:			-
	1136 New York Avenue				•	ت ر
	Registered Office Address (MUST BB PLORIDA STRBET A	DDRESS)				
	St. Cloud , PL	34769				Constitution (A.C.)
	Charles N. Gross, IfI					- 1
	Hinter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered (</u>	Diffee addre	<b>13</b> :		-	- 3
	1136 New York Avenue					
	NEW Registered Office Address:					
	St. Cloud	34769				
e W	mited liability company is not organized under the laws or changes are made, the Florida street address of the rill be identical. Or, in the case of a Florida limited liable authorized by an affirmative vote of the members of cles of organization or the operating agreement of the li	s of the Street conflicts comp the limited liab	office and the sany, it is here dilability company N. Gross, III	business offic by confirmed apany or as off	e of the regi that the cha nerwise prov	atered ngc(s)
h bicition	infof a member or authorized representative of a member y accept the appointment as registered agent and agree ins of all statutes relative to the proper and complete p gations of my postiton as registered agent as provided by reflect a change in the registered office address, I he in writing of this change.	e to act in erformand for in Cha ereby confi		ed or typed mme I further agre, and I am Jan Or, if this do nited liability		with the number of with the number of with the number of t

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

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