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Fr	om: Account Name : TRENAM, KEMK	ER, SCHARF, BARKIN, FRYE, O'NE	ILL				
	Account Number : 076424003301 Phone : (813)223-747 Fax Number : (813)227-043	4					
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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.

I. N	ame of the limited liability company: Apollonia Re	al Est	ate Holding	IS LLC		
2. (a)	4014 West Estrella Street Principal office address of limited liability company: (Note: MUST RE STREET ADDRESS) Suite A		(b) 4014 West Estrella Street			
			Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)			
	Suite A		Suite A			
	Tampa, FL 33629		Tampa,	FL 33629		
	07/21/2011		L1100008	34355		
3.	Date of filing/registration in Florida	4.	<u> </u>	Document number?		
5. (a)	Erin Smith Aebel, Esq.					
()	Registered Agent and Registered Office shown on the records of	the Flor	ida Dept. of State	· · · · · · · · · · · · · · · · · · ·		
	101 E. Kennedy Boulevard			-		
	Registered Office Address (MUST.RE FLORIDA STREET	ADDRF.	122	Г, ^С		
	Suite 2800			· · · · · · · · · · · · · · · · · · ·		
	Tampa, FL	3360	2	ور. ـــــ		
(b)	TK Registered Agent, Inc.			,		
	Enter name of NEW Registered Agent and/or NEW Registered	Officer	ddress:			
	101 E. Kennedy Boulevard					
	NEW Registered Office Address:					
	Suite 2700					
	Tampa, FL	3360	2			
the cha agent w was/we	mited liability company is not organized under the law nge or changes are made, the Florida street address of vill be identical. Or, in the case of a Florida limited lia re authorized by an affirmative vote of the members o cles of organization or the operating agreement of the	the reg ibility of f the lif limited	istered office company, it is mited liability liability comp	and the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in pany.		
Signat	ure of a member or authorized representative of a member	<u></u>	illam Wang			
				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 605, 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: \$25.09