## L12000097748

(Requestor's Name)		
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T. Burch MAR 4 2014.

## 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:	sulffamiliation lue	
2. (a) Principal office address of limited liability compan (Note: MUST BE STREET ADDRESS)	13, PONTOTOE PLAZA,  AUBULU DANE FROUDA 33823-3439	
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	BENCO SUPERAMMATION LIC 113 PONTOTOR PLAZA AUBURNDANE FLORDA 33823-3439	
07/27/2012	L12000097748	
3. Date of filing/registration in Florida	4. Document number	
5. (a) Registered Agent and Registered Office shown on	the records of the Florida Dept. of State Control of Stat	
Registered Agent:	JUDITH OTTOSEN ZITT Z	
Registered Office Address:	NORTH FORT MYERS TO IT	
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NE</u>	W Registered Office address:	
NEW Registered Agent:	SIMON B. HOWELL	
NEW Registered Office Address:	HARDING & ASSOCIATES TAX SERVICES, INC.	
(MUST BE FLORIDA STREET ADDRESS)	113, PONTOTOC PLAZA AUBURNDANE, FL 33823-3439	
If the limited liability company is not organized under the la	aws of the State of Florida, it is hereby confirmed that after	

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

Same Sew

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 perified in writing of this change.

Signature of Late stered Agent

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

INHS18 (05/08)