## L/2000/35676

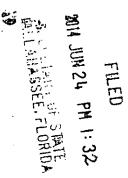
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10/14

## 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: SFIP SNELL,	LLC		· · · · · · · · · · · · · · · · · · ·			
2. (a)	421 SNELL ISLE BLVD NE		(b) 421 SNELL ISLE BLVD NE				
2. (4)	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)		(0)	Ma	iling addre	ess of limited liability company: 4Y BE POST OFFICE BOX)	
	ST PETERSBURG, FL 33704			ST PETE	RSBUF	RG, FL 33704	
		_					
	10/24/2012		L	_12000135	676		
3.	Date of filing/registration in Florida	- 4.	_	D	ocumen	t number	
5. (a	JOHN E. STROSS						
J. (4	Registered Agent and Registered Office shown on the records of	the Flori	ida I	Dept. of State:			
	421 SNELL ISLE BLVD NE						
Registered Office Address (MUST BE FLORIDA STREE			ADDRESS)				
	ST PETERSBURG, FL 33704						
	, FL					MIN JUH 24 PH 1: 32	<u>.</u>
						Frig. PR	
(b)						F103 :	
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	Office :	<u>add</u>	ress:		32 RIS	
	721 FIRST AVENUE NORTH						
	NEW Registered Office Address:			<del></del>		•	
	ST PETERSBURG .FI	3370	11				
10.1				CEI			
the ch agent was/w	limited liability company is not organized under the lay ange 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 icles of organization or the operating agreement of the	the regability of the li	gist cor imi	ered office a npany, it is l ted liability	and the b nereby co company	ousiness office of the registe onfirmed that the change(s)	ered
				JAS		E stross	
	ature of a member or authorized representative of a member	ma to s	nat :			typed name of signed	tha
provis the ob to mer	rby accept the appointment as registered agent and agricons of all statutes relative to the proper and complete ligations of my position as registered agent as provide rely reflect a change in the registered office address, I are in writing of this change.	perfor d for ir hereby	ma n C.	nce of my di hapter 605, nfirm that th	ities, and F.S. Or, e limited	rther agree to comply with I am familiar with and ac if this document is being fi I liability company has bee.	ne cept led 1
Signal	ne or Registered Agent						
	Division of Corporations P.O. I	Box 63	27	Tallahaee	e. FL 3	2314	
,	FILING F						