| | Florida Department of State Division of Corporations | |
|--|---|--|
| Note: Plea | Electronic Filing Cover Sheet se print this page and use it as a cover sheet. T | vne the fax audit |
| | hown below) on the top and bottom of all pages of | |
| | (((H13000130385 3))) | |
| | | |
| Note: DO N | IOT hit the REFRESH/RELOAD button on your | browser from this |
| | page. Doing so will generate another cover she | |
| To: | Division of Corporations | |
| Fron | Fax Number : (850)617-6383 | |
| | Account Name : BARNETT, BOLT, KIR Account Number : 072731001155 Phone : (813)253-2020 | Est - |
| | Fax Number : (013)251-6711 | |
| **Enter the oma annual re | all address for this business entity to port mailings. Enter only one email add: | be used for future a ress please, which a rest |
| Email Add | °694 : | |
| E D I: 43 STATE -LORIDA | LLC REGISTERED AGENT CHANG | E |
| PH I: DE | TWO RIVERS INTERNATIONAL, L | |
| RECEIVED 13 JUN 10 PM 1: SECRETARY OF ST TALLAHASSEE, FLO | Certificate of Status 0 Certified Copy 0 | T CLIN |
| | Page Count 01 Estimated Charge \$25.00 | |

| | 10. 2013 10:05AM Barnett, Bolt 0130385 | No. 2175 P. 2 | |
|---|--|--|--|
| | STATEMENT OF CHANGE OF REGISTERED OFF BOTH FOR LIMITED LIABILITY COMPANY | ICE OR REGISTERED AGENT OR | |
| | Pursuant to the provisions of sections 608.416 or 608. liability company submits the following statement in ord agent, or both, in the State of Florida. | 508, Florida Statutes, the undersigned limited er to change its registered office or registered | |
| | . Name of the limited liability company: Two Rivers International, LLC | | |
| | 2. (a) Principal office address of limited liability company | y: 40 Ranch Road | |
| | (Note: MUST BE STREET ADDRESS) | Thonotosassa, FL 33592 | |
| | (b) Mailing address of limited liability company: | same | |
| | (Note: MAY BE POST OFFICE BOX) | | |
| | February 25, 2013 | L13000028338 | |
| | 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 | |
| | Registered Agent: | Robert E. Hart | |
| | Registered Office Address: | 1710 North 19th St, #212 | |
| | · · · | | |
| | (b) Enter name of <u>NEW Registered Agent</u> and/or <u>NE</u> | \tilde{x} ω | |
| | NEW Registered Agent: | David L. Koche | |
| | <u>NEW</u> Registered Office Address: | 601 Bayshore Boulevard, Ste. 700 | |
| | (MUST BE FLORIDA STREET ADDRESS) | Tempa ,FL 33606 | |
| | If the limited liability company is not organized under the confirmed that after the change or changes are made, the I and the business office of the registered agent will be iden liability company, it is hereby confirmed that the change(s of the members of the limited liability company or as othe or the operating agreement of the limited liability compan | laws of the State of Florida, it is hereby Florida street address of the registered office tical. Or, in the case of a Florida limited b) was/were authorized by an affirmative vote rwise provided in the articles of organization | |
| ~ | Signature of a member or authorized representative of a member | * . | |
| • | Printed or typed name of signee | | |
| | I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the pr and I am familiar with and accept the obligations of my po Chapter 608, F.S. Or, if this document is being filed to me address, I hereby confirm that the limited liability compare | Agree to act in this capacity. I further agree to oper and complete performance of my duties, osition as registered agent as provided for in erely reflect a change in the registered office by has been notified in writing of this change. | |
| | Signature of Registered Agent | | |
| | Division of Corporations, P.O. Box 63 | 327. Tallahassee, FL 32314 | |

,

ł

ī