2/004

Division of Corporations



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Division of Corporations

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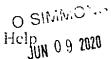
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## LLC REGISTERED AGENT CHANGE AXIOM ACQUISITION VENTURES, LLC

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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

1.	Na	me of the limited liability company: AXIOM ACQU	V MOITIZIL	ENTURES, ELC	
7	(a)	12425 RACE TRACK ROAD SUITE 100	(b)	12425 RACE TRACK ROAD SUITE 100	
۵,	14)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company; (Now: MAY BE POST OFFICE BOX)	
		TAMPA, FL 33626		TAMPA, FL 33626	
		02/22/2008		L18000047727	
3.		Date of filing/registration in Plorida	4.	Document number	
5.	(a)	JAE HEINBERG			
	·/	Registered Agent and Registered Office shown on the records o	f the Florida I	Dept. of State:	
		12425 RACE TRACK RD. SUITE 100			
		Registered Office Address (MUST BE FLORIDA STREET	ADDRESS)		
		ТАМРА	1. 33626	2020 JUH - 8	
	<i>2</i> 1. s	Comparation Complete Company			
	(b)	Corporation Service Company tinter name of NEW Registered Agent and/or NEW Registere	d Office add		
		1201 Hays Street		PH	
		NEW Registered Office Address:		Ξ. ω	
		<u>Tallahassee</u> , F	L_32301	······	
th ag	e cha gent s as/wi	imited liability company is not organized under the hange or changes are made, the Florida street address ovill be identical. Or, in the case of a Florida limited are authorized by an affirmative vote of the members cles of organization or the operating agreement of the	of the regist liability cor of the limi c limited li	nered office and the business office of the registered upany, it is hereby confirmed that the change(s) ted liability company or as otherwise provided in ability company.	
	•	ture of a member or authorized representative of a member		Printed or typed name of signee	
J pr th to	here ovisi e obi mer nifte	by accept the appointment as registered agent and as ons of all statutes relative to the proper and complet igations of my position as registered agent as provid ely reflect a change in the registered office address, if I in writing of this change.		n this capacity. I further agree to comply with the nee of my duties, and I um familiar with and accept happer 605, F.S. Or, if this document is being filed nifern that the limited liability company has been	
·S	ignati	e of Registered Agent Corporation Service Company	BY: Ar	nanda Robinson, Asst. Vice President	

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