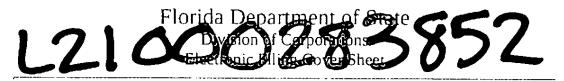
Division of Corporations



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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (813)436-5206

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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	une of the limited liability company:		
2.	(a)		(b)	
		Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
3.		č. č	<u>L2</u>	1000283852 Document number
5.	(a)	UNITED STATES CORPORATION AGENTS, INC.		
		Registered Agent and Registered Office shown on the records of the I 476 RIVERSIDE AVE.	Florida Dept. o	of State:
			nnece,	
		Registered Office Address (MUST BE FLORIDA STREET ADD	<u> 2K1:33)</u>	
		JACKSONVILLE . FL 322	202	
(h)		Registered Agents Inc		202
	(Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Off</u>	fice address:	
		7901 4th St N		APPRO AN FILI SECRETARY ALLABASSE
		NEW Registered Office Address:		
		STE 300		
			702	<u> </u>
the age wa	cha int w s/we	imited liability company is not organized under the laws or inge or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited liabil are authorized by an affirmative vote of the members of the cles of organization or the operating agreement of the lim	e registered of lity company he limited lia	office and the business office of the registered (), it is hereby confirmed that the change(s) ability company or as otherwise provided in
	6	ture of a member of authorized representative of a member	Robin Jones	3
S	ignat	ture of a member of authorized representative of a member		Printed or typed name of signee
pro the to r nat	wisie obli nere ities	by accept the appointment as registered agent and agree to ons of all statutes relative to the proper and complete per igations of my position as registered agent as provided for the reflect a change in the registered office address, I here is in writing of this change. David Roberts - Assistant Secre	rformance of or in Chapter eby confirm	s capacity. I further agree to comply with the f my duties, and I am familiar with and accept r 605, F.S. Or, if this document is being filed that the limited liability company has been
	U.		,	