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From:

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Account Number : I20090000081

Phone : (307)200-2803

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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.

	Principal office address of limited liabi (<u>Note: MUST BE STREET AI)</u>				Mailing addre	ss of limited Y BE POST		•
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	Date of filing/registration in I	Florida	4,		Document	number		
, PER	EZ III, FERNANDO							
	ed Agent and Registered Office shown	on the records of	the Flori	da Dept. of S	State			
Register	en Agent and registered Office shown			•				
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1303 Registe TAM	B N. ARMENIA AVE. red Office Address (MUST BE FLA	<i>ORIDA STREET.</i> , FI	3360	<u>SS)</u>				
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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 Robin Jones 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 605, 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 notified in writing of this change.

David Roberts - Assistant Secretary