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	To: Division of Corporations ••• Fax Number : (850)617-6383		FILL MIN 26		
	From: Account Name : REGISTERED AG Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (813)436-5206		26 # 2: 4		
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K. SALY

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## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

	e of the limited liability company:		
	161 e 	(b)	
	<sup>3</sup> Principal office address of limited liability company: ( <u>Note: MUST BE STREET ADDRESS</u> )		Mailing address of limited liability company ( <u>Note: MAY BE POST OFFICE BOX</u> )
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	ENBUSINESS INC.		
	egistered Agent and Registered Office shown on the record		
3	36 E. COLLEGE AVE.		~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
ĸ	egistered Office Address (MUST BE FLORIDA STRE	ET ADDRESS)	
-	SUITE 301		TALLAHASS
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b) Re	egistered Agents Inc		<b>H</b> 2
	nter name of NEW Registered Agent and/or NEW Regist	ered Office address:	2: 44 FLURID
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7	/90)1'4th St N		
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chang nt will /were article // gnature gnature	ited liability company is not organized under the c or changes are made, the Florida street addres l be identical. Or, in the case of a Florida limite authorized by an affirmative vote of the member is of organization or the operating agreement of accept the appointment as registered agent and s of all statutes relative to the proper and comp tions of my position as registered agent as pro- reflect a change in the registered office address.	s of the registered o ed liability company ers of the limited lia the limited liability Robin Jones	ffice and the business office of the regis , it is hereby confirmed that the change( bility company or as otherwise provided company. Printed or typed name of signee canacity. I further agree to comply with

Javid Aberts Signature of Registered Agent David Roberts - Assistant Secretary

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