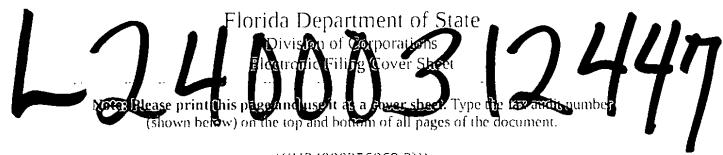
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Division of Corporations



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To 18506176383

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From:

Account Name : REGISTERED AGENTS INC.

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

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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 hability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. N	ame of the limited liability company.	prises LLC					
2. (a)		(b)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)				
3.	Date of filing/registration in Florida		Document number				
5. (a	Registered Agent and Registered Office shown on the records of the Florida Dept. of State 12455 7TH STREET Registered Office Address (MUST BE FLORIDA STREET ADDRESS)						
fh	TREASURE ISLAND FI Northwest Registered Agent LLC Enter name of NEW Registered Agent and or NEW Registered 7901 4th St N	33706					
	NEW Registered Office Address STE 300	<i>,</i> t					
the chagent was/w the ar Sign Theory the old to me, notific	limited liability company is not organized under the la lange or changes are made, the Florida street address o will be identical. Or, in the case of a Florida limited livere authorized by an affirmative vote of the members of ticles of organization or the operating agreement of the authorized representative of a member of authorized representative of a member or authorized representative of a member obligations of all statutes relative to the proper and complete oligations of my position as registered agent as provide rely reflect a change in the registered office address. It is writing of this change.	f the registered of the limited liast limited liability Nat Smith rec to act in this sperformance of the limited liability rec to act in this sperformance of the liability thereby confirm	office and the business office of the registered v, it is hereby confirmed that the change(s) ability company or as otherwise provided in v company. Printed or typed name of signee company with the timy duties, and I am familiar with and accept to 605, F.S. Or, if this document is being filed				
Signal	Taylor Newman - Assistant S ure of Registered Agent	Secretary					