

To:

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Division of Corporations Fax Number : (850)617-6383

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| | Account Name | : | C T CORPORATION SYSTEM |
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LLC REGISTERED AGENT CHANGE C & W GROUP, L.L.C.

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To

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 liability company: (Note: MUST BE STREET ADDRESS) | (| (b) |
|-----|--|-----------|--------------------------|
| | 301 S. Signal Butte Rd (Office) | | 2477 W. Market Place #48 |
| | Apache Junction, AZ 85120 | | Chandler, AZ 85248 |
| | 01/13/1997 | | L97000000071 |
| | Date of filing/registration in Florida | 4. | Document number |
| (a) | VICTOR TROIANO | | |
| | Registered Office Address <u>(MUST BE FLORIDA STREET</u> 317 S TENNESSEE AVENUE | ADDRES | <u></u> |
| | LAKELAND | 33801 | |
| (b) | C T Corporation System | | ်ာ |
| . , | Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u> | Office ad | tdress: |
| | NEW Registered Office Address: | | |
| | 1200 South Pine Island Road | <u> </u> | - F · N |
| | | 33324 | |

Signature of a member or aginorized representative of a member

William Corrigan Jr., Member

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. C T Corporation System

By:

Signature of Registered Agent

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