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To: Division of Corporations Fax Number : (850) 617-6383 From: Account Name : TRENAM, KEMKER, SCHARF, BARKIN, FRYE, O'NEILL EN MULLIS, P.A. Account Number : 076424003301 Phone : (813) 223-7474
Fax Number : (813) 227-0435 \*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\* Email Address: \_\_\_\_ JPatten@polarisconnectors.com

## LLC REGISTERED AGENT CHANGE ABSOLUTE DIRT, L.L.C.

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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.

l. Na	me of the limited liability company: Absolute Dirt, L	.L.C.		
. (8)	11625 Prosperous Drive		(b) 11625 Prosperous Drive	
. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
	Odessa, FL 33556	<u> </u>	Ndessa, FL 33556	
	03/10/1997	 L9	7000000321	
•	Date of filing/registration in Florida  Janean Patten, President	4.	Document number	
. (a)	Registered Agent and Registered Office shown on the records of	Cthe Florida De	nt of State	
	11625 Prosperous Drive			
	Registered Office Address (MUST BE FLORIDA STREET	CADDRESS)	2020 HAY	
	Odessa , F	33556	<u> </u>	
<b>(b)</b>				
(U)	Enter name of NEW Registered Agent and/or NEW Registers	ed Office addre	<u> </u>	
	249 Dogwood Trace			
	NEW Registered Office Address:			
	Tarpon Springs	л <u>. 34688.</u>		
hange gent v vas/w	imited liability company is not organized under the less or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited lere authorized by an affirmative vote of the members icles of organization or the operating agreement of the	aws of the Sta to registered of liability comp of the limite	office and the business office of the registered sany, it is hereby confirmed that the change(s) d liability company or as otherwise provided in	
Zigni Signi	nure of a member of authorized representative of a member		Fancen Patter	
here rovis he obs	by accept the appointment as registered agent and a ions of all statules relative to the proper and complet ligations of my position as registered agent as provid ely reflect a change in the registered office address, t d in writing of this change.	gree to act in a performance ed for in Cha i hereby confi	this capacity. I further agree to comply with the e of my duties, and I am familiar with and accep pier 605, F.S. Or, if this document is being filed rm that the limited liability company has been	
Simin	me of Registered Agent			

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