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| (Requestor's Name) | |
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| (City/State/Zip/Phone #) | |
| PICK-UP WAIT | MAIL |
| (Business Entity Name) | |
| (Document Number) | |
| (Document Namber) | |
| Certified Copies Certificates of | Status |
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| Special Instructions to Filing Officer: | |
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Office Use Only



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Pursuant to the provisions of sections 608.416 or 608.508, 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.

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| agent, or both, in the State of | Florida. |
|--|--|
| 1. The name of the limited li | iability company is: American Superior Management Company, |
| 2. The mailing address of the | e limited liability company is: 600 North Pine Island Road, |
| Suite 400, Plantat | |
| 9-10-1997 | 197000000995 |
| 3. Date of filing/registration | in Florida 4. Document number |
| Florida Department of Stat | l agent and the registered office address as shown on the records of the te: 'illiam B. Graham |
| | Name |
| 2 | 15 South Monroe Street, Suite 600 |
| | Address |
| <u>T</u> | City, State and Zip |
| | City, State and Zip |
| 6. The name and address of the | he new registered agent and/or office: |
| W | Verner E. Kruck |
| 6 | Name Address Callahassee, FL 32301 City, State and Zip the new registered agent and/or office: Verner E. Kruck Name Name Name Name Name Name Name Nam |
| F | lorida street address (P.O. Box NOT acceptable) |
| P | Plantation, FL 33324 |
| | City, State and Zip |
| confirmed that after the change | ny is not organized under the laws of the State of Florida, it is hereby ge or changes are made, the Florida street address of the registered office registered agent will be identical. Or, in the case of a Florida limited y confirmed that the change(s) was/were authorized by an affirmative vote of ability company or as otherwise provided in the articles of organization or refirmited liability company. |
| Patrick Gattagl | her |
| I hereby accept the appointment comply with the provisions of and I am familiar with and acchapter 608, F.S. Or, if this address I hereby contirm that | nent as registered agent and agree to act in this capacity. I further agree to fall statutes relative to the proper and complete performance of my duties, ccept the obligations of my position as registered agent as provided for in document is being filed to merely reflect a change in the registered office at the limited liability company has been notified in writing of this change. |

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

INHS18(10/99) FILING FEE: \$25.00

(Signature of Registered Agent)