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(Re	questor's Name)		
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(Cit	y/State/Zip/Phone	; #)	
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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 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.

1. The name of the limite	d liability company is:	ProphetC	enter, LLC			
2. The mailing address of	the limited liability cor	mpany is : _	4203 Benchmark	Trace; Tallahasse,		
Florida, 32317	•					
April 9, 1999			L9900002023			
3. Date of filing/registration in Florida			4. Document num	ber		
5. The name of the registe Fiorida Department of S	red agent and the registe State: Steven Meredith	ered office	address as shown o			
		Name		- My an		
	4203 Benchmark Trace					
· Address						
Tallahassee, Florida 32317				A STATE OF THE STA		
\$ ·	City, S	State and Zi	p , .			
6. The name and address of	of the new registered ago	ent and/or o	ffice:	CATA.		
e at each and the	Steven Meredith			A		
	657 Plymouth Court	amc	***************************************	BORDER THE REST SERVED A		
	Florida street address	(P.O. Box i	NOT acceptable)	gras figures son s		
	Tallahassee,	FL 3230	1			
	City, St	ate and Zip				
If the limited liability come confirmed that after the chand the business office of liability company, it is her the members of the limited the operating agreement of the limited that the limited the operating agreement of the limited that the limited that the limited liability company is a second to the limited that the limited liability company is a second liability company to the limited liability company is a second liability company to the limited liability company is a second liability company.	nange or changes are ma the registered agent will be confirmed that the of d liability company or as the traited liability con	ide, the Flor I be identica change(s) w s otherwise mpany.	ida street address o	of the registered office of a Florida limited		
(Agnature of a member or authori	zed representative of a member	)		•		
Steven Meredith, Mana	nging Member					
(Printed or typed name of signee)						
I hereby accept the appoint comply with the provision and I am familiar with and Chapter 60% F.S. Or, if the address thereby confirm (Mgnature of Registered Agent)	ntment as registered ago s of all statutes relative d accept the obligations his document is heing fi day the limited liability	ent and agree to the property of my positive to merei to merei to company h	ce to act in this cap er and complete per jon as registered a ly reflect a change as been notified in	pacity. I further agree to rformance of my duties, gent as provided for in in the registered office writing of this change.		
Parelland of Hokisacion Likeliti	and the second second		* * * **			

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

FILING FEE: \$25.00

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