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TALLAHASSEE, FLORIDA

WILLIAMS, PARKER, HARRISON, DIETZ & GETZEN ATTORNEYS AT LAW - Founded 1925 - 200 SOUTH ORANGE AVENUE SARASOTA, FLORIDA 34236-6798 (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:	
ATTORNEYS AT LAW - Founded 1925 - 200 SOUTH ORANGE AVENUE SARASOTA, FLORIDA 34236-6796 (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status	(Requestor's Name)
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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 limit	ed liability company	is: SUBURBAN	HOLDING CO	MPANY, L.L.C. OF SARAS		
. The mailing address of the limited liability company is : P. O. BOX 7995, SARASOTA, FL						
34278						
07/16/1999			L9900004359			
3. Date of filing/registra	4.	4. Document number				
5. The name of the regist Florida Department of	ered agent and the re	egistered office add	lress as shown on	· · ·		
1 torrad Dopartimont of	SAMUEL S. ER	В		10. Co		
	2129 LINWOOD	Name DRIVE		10000000000000000000000000000000000000		
	SARASOTA, FL			OS APR-3 MII: 06 FILED STATE OS APR-3 MII: 06 FILED STATE		
		ity, State and Zip				
6. The name and address	of the new registere	d agent and/or offic	ce:	97 6		
	E. JOHN WAGN	IER, II, ESQ.				
	200 SOUTH ORANGE AVENUE					
	Florida street add	ress (P.O. Box NO	T acceptable)	•		
	SARASOTA	_{FL} 34236				
	Cit	y, State and Zip		•		
If the limited liability conconfirmed that after the cand the business office of liability company, it is he the members of the limit the operating agreement	change or changes are f the registered agen- creby confirmed that ed liability company	e made, the Florida t will be identical. the change(s) was/ or as otherwise pro	s etreet address of	orida, it is hereby I the registered office If a Florida limited by an affirmative vote of cles of organization or		
(Signature of a member or autho	rized representative of a m	ember)	-			

SAMUEL S. ERB, Manager

(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 auties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, thereby confirm that the limited liability company has been notified in writing of this change.

(Signature of Registered Agent) E. JOHN WAGNER, II, ESQ.

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

FILING FEE: \$25.00

INHS18(10/99)