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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provision liability company submit agent, or both, in the State	ns of sections 60 s the following si e of Florida.	98.416 or 608.508, Florida Statement in order to change i	Statutes, the unders its registered office	signed limited or registered	
1. The name of the limite	ed liability compa	ny is: Starbridge Advisors	LLC	•	
2. The mailing address o	f the limited liabi	lity company is : 101 E. Kei	nnedy Blvd., Suite	1250	
Tampa, FL 33602	<u> </u>	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	<u> </u>	
9/21/99		L990000	006021	*	
3. Date of filing/registration in Florida 4. Document number					
5. The name of the register Florida Department of		e registered office address as s	shown on the record	s of the	
, · · · · · · · · · · · · · · · · · · ·	,	Name dy Blvd., Suite 1250		, «	
and the second of	Tampa, FL 33	· · · · · · · · · · · · · · · · · · ·			
		City, State and Zip			
6. The name and address of the new registered agent and or office:					
	Darielle D. Lallell				
	331 S. Florida Ave., Suite 400			1	
	Florida street a	table)	> 5		
	Lakeland	FL 33801-4626		= -	
- · ·	(City, State and Zip	ें कुल कर के कर के के के के के	$\underline{\omega}$	
If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company. (Signature of a member or authorized representative of a member)					
Darlene D. Eanett, Pre	esident		. <u>F</u>	مشد الدياء	
(Printed or typed name of signee) I hereby accept the apportunity with the provision and I am familiar with an Chapter 608, F.S. Or, if address, I hereby confirm (Signature of Registered Agent)		rred agent and agree to act in elative to the proper and com gations of my position as region peing filed to merely reflect a liability company has been no	this capacity. I fur plete performance o stered agent as pro- change in the regist tified in writing of t	ther agree to of my duties, vided for in tered office his change.	

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

FILING FEE: \$25.00