

**CAPITAL CONNECTION, INC.**

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301  
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

*L990000006373*

*Pro Legal Copies, LLC*

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\*\*\*\*\*25.00 \*\*\*\*\*25.00

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00 DEC 13 AM 11:27  
DIVISION OF CORPORATION

- Art of Inc. File \_\_\_\_\_
- LTD Partnership File \_\_\_\_\_
- Foreign Corp. File \_\_\_\_\_
- L.C. File \_\_\_\_\_
- Fictitious Name File \_\_\_\_\_
- Trade/Service Mark \_\_\_\_\_
- Merger File \_\_\_\_\_
- Art. of Amend. File \_\_\_\_\_
- RA Resignation *Change photo* \_\_\_\_\_
- Dissolution / Withdrawal \_\_\_\_\_
- Annual Report / Reinstatement \_\_\_\_\_
- Cert. Copy \_\_\_\_\_
- Photo Copy \_\_\_\_\_
- Certificate of Good Standing \_\_\_\_\_
- Certificate of Status \_\_\_\_\_
- Certificate of Fictitious Name \_\_\_\_\_
- Corp Record Search \_\_\_\_\_
- Officer Search \_\_\_\_\_
- Fictitious Search \_\_\_\_\_
- Fictitious Owner Search \_\_\_\_\_
- Vehicle Search \_\_\_\_\_
- Driving Record \_\_\_\_\_
- UCC 1 or 3 File \_\_\_\_\_
- UCC 11 Search \_\_\_\_\_
- UCC 11 Retrieval \_\_\_\_\_
- Courier \_\_\_\_\_

APPROVED  
AND  
FILED  
00 DEC 13 PM 12:36  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Signature \_\_\_\_\_

Requested by: *LM* *12/13* *9:52*  
Name Date Time

Walk-In \_\_\_\_\_ Will Pick Up \_\_\_\_\_

*UB*  
*12-13-00*

**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 limited liability company is: Pro Legal Copies, L.L.C.
2. The mailing address of the limited liability company is: 220 West Garden Street, Suite 206, SunTrust Building, Pensacola, Florida 32501
3. Date of filing/registration in Florida 10/4/99 4. Document number L99000006373

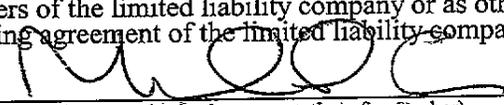
5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

Capital Connection, Inc.  
Name  
417 E. Virginia Street, Suite 1  
Address  
Tallahassee, Florida 32301-1283  
City, State and Zip

6. The name and address of the new registered agent and/or office:

Michael R. Larson  
Name  
220 W. Garden St., Ste 206, SunTrust Bldg.  
Florida street address (P.O. Box NOT acceptable)  
Pensacola FL 32501  
City, State and Zip

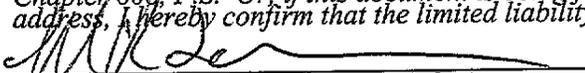
If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida 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)

Michael P. Cannon

(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 duties, 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, I hereby confirm that the limited liability company has been notified in writing of this change.*

  
(Signature of Registered Agent)

00 DEC 13 9 56  
SECRETARY  
TALLAHASSEE, FLORIDA

APPROVE  
AND  
FILED

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