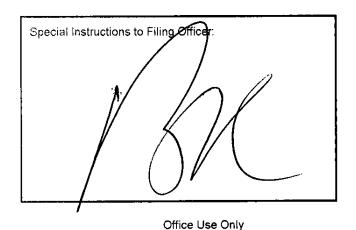
M0000001222

(R	equestor's Name)
(A	ddress)
(Address)	
(0	ity/State/Zip/Phone #)
PICK-UP	WAIT MAIL
(E	Business Entity Name)
(Document Number)	
Certified Copies	Certificates of Status





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ACCOUNT NO. : 072100000032

REFERENCE : 102129

7599703

AUTHORIZATION

COST LIMIT

ORDER DATE: August 27, 2007

ORDER TIME : 12:44 PM ·

ORDER NO. : .102129-045

CUSTOMER NO: 7599703

CHANGE OF AGENT

NAME: SIMKAR LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY XX PLAIN STAMPED COPY

CONTACT PERSON: Joyce Markley

EXAMINER'S INITIALS:

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 c	ompany is: SIMKAR LLC
2. The mailing address of the limited	l liability company is :
700 Ramona Avenue, Philadelphia, PA 191	20-4691
June 21, 2000	M0000001222
3. Date of filing/registration in Florid	da 4. Document number
5. The name of the registered agent as Florida Department of State:	nd the registered office address as shown on the records of the
•	C T Corporation System
	Name
	1200 South Pine Island Road
***************************************	Address
	Plantation, FL 33324
	City, State and Zip
6. The name and address of the new r	C T Corporation System Name 1200 South Pine Island Road Address Plantation, FL 33324 City, State and Zip registered agent and/or office:
	Corporation Service Company
	Name 1201 Hays Street
Florida st	reet address (P.O. Box NOT acceptable)
Taila	hassee FL 32301
	City, State and Zip
confirmed that after the change or chand the business office of the register liability company, it is hereby confirm of the members of the limited liability or the operating agreement of the limited liability.	organized under the laws of the State of Florida, it is hereby anges are made, the Florida street address of the registered office red agent will be identical. Or, in the case of a Florida limited med that the change(s) was/were authorized by an affirmative vote of company or as otherwise provided in the articles of organization red liability company.
(Signature of a member or authorized representat	ove or a member)
Maureen Cullen, Attorney In Fact (Printed or typed name of signee)	
I hereby accept the appointment as recomply with the provisions of all state and I am familiar with and accept the Chapter 608, F.S. Or, if this docume address, I hereby confirm that the lime (Signature of Registered Agent) Michelle R. Vi	registered agent and agree to act in this capacity. I further agree to utes relative to the proper and complete performance of my duties, to obligations of my position as registered agent as provided for in the interest of the second of the second of the registered office with a second of this change.
Division of Corno	annoy, Asst. vice resident

FILING FEE: \$25.00

INHS18 (8/05)