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| (Requestor's Name) |
|---|
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |

Office Use Only



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08/24/06--01010--022 **25.00

| INC. | 236 East 6th Avenue . Tallahassee, Florida 32303 (37066 (32315-7066) (850) 222-2666 or (800) 969-1666 . Fax (850) 222- |
|---------------------------------|---|
| \ <u></u> | WALK IN |
| - | PICK UP: 864/06 (OP) 972 2 |
| CERTIFIED COP | Y |
| РНОТОСОРУ | amendment 3 |
| CUS | |
| FILING | Statement of Change |
| EFN JOUR (CORPORATE NAME ANI | Stments, LCC DOCUMENT#) |
| (CORPORATE NAME AN | DOCUMENT #) |
| (CORPORATE NAME AN | D DOCUMENT#) |
| (CORPORATE NAME AN | D DOCUMENT #) |

SPECIAL INSTRUCTIONS:

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: EFN INVESTMENTS, LLC | | |
| 2. The mailing address of the limited liability | company is: 3870 BLUE HERON | I BLVD. WEST, | |
| RIVIERA BEACH, FL 33404 | | | |
| | · | | |
| 08/28/2000 | M0000001718 | M0000001718 | |
| 3. Date of filing/registration in Florida | 4. Document nur | 4. Document number | |
| 5. The name of the registered agent and the registered Department of State: | _ | on the records of the | |
| LEXIS DOCUME | NT SERVICES, INC. | | |
| | Name | | |
| 1201 HAYS STREI | ET | | |
| | Address | | |
| TALLAHASSEE FL | . 32301 | 7A 96 | |
| Cit | y, State and Zip | FO P T | |
| 6. The name and address of the new registered | agent and/or office: | OF AUG 24 SECRE LAT | |
| LES STRACHER, ESQUIRE | | SSE TO MI | |
| 401 EAST LAS OLA | Name AS BOULEVARD, SUITE 1650 | PH 2: 07 SSEE, FLOR | |
| | ess (P.O. Box NOT acceptable) | ORIC | |
| FORT LAUDERDA | LE, FL 33301 | P | |
| 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)

EDWARD F. NAPLETUN

(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)