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ACCOUNT NO. : 072100000032

REFERENCE : 188775 7275202

AUTHORIZATION

ORDER DATE: June 19, 2006

ORDER TIME : 9:08 AM

ORDER NO. : 188775-020

CUSTOMER NO: 7275202

CHANGE OF AGENT

NAME: CAMBRIDGE INVESTMENT COMPANY,

LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

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CONTACT PERSON: Denise Mick

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 limite	d liability company i	s: CAMBRID	GE INVESTMENT COM	IPANY, LLC	
2. The mailing address of	the limited liability	company is:		TACE OF THE	
10770 Columbia Pike, Suite 1	•			型之	
				100 Page 1	
10/27/2000	 		M0000002238	mon -	
3. Date of filing/registration	on in Florida		4. Document numb	er 750 0	
5. The name of the register Florida Department of S	red agent and the reg State:	sistered office	address as shown on	*	
	<u>N</u>	Matt Lundstrom	_	2006 JUN 21 SECRETAR TALLAHAS	
Name				一一一	
100 Rialto Place, Suite 758					
Address PP 2					
Melbourne, FL 32901				SEZ T	
	City	y, State and Zi	p	THE PER	
6. The name and address of	of the new registered	agent and/or o	office:	FLORITS O	
	Corporat	ion Service Com	pany		
		Name			
1201 Hays Street					
•	Florida street addre	ess (P.O. Box)	NOT acceptable)		
	Tallahassee	FL	32301		
	City,	State and Zip			
If the limited liability come confirmed that after the chand the business office of liability company, it is her of the members of the lim or the operating agreemen (Signature of a member or authority)	nange or changes are the registered agent very confirmed that the liability compant to f the limited liability.	made, the Flowill be identice the change(s) was or as otherwatty company.	rida street address of al. Or, in the case of vas/were authorized l	the registered office a Florida limited by an affirmative vote	
Sandra Houen, Vice (Printed or typed name of signee)	President/CFO				
I hereby accept the appoint comply with the provisions and I am familiar with and Chapter 608, F.S. Or, if the address, I hereby confirm	ntment as registered s of all statules relatifud accept the obligation is document is being that the limited liabilum.	agent and agr ve to the prop ins of my posit g filed to mere ity company h	ee to act in this capa er and complete perf ion as registered age ly reflect a change in as been notified in w	city. I further agree to ormance of my duties, ent as provided for in the registered office riting of this change.	
(Signature of Registered Agent)	acqueline M. Giles, Asst.	Vice President			

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00