To:

Fax: 12159779386

Page: 1 of 2

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:			:	- 1
	Division of C	orporations	; -	~
	Fax Number	: (850)617-6383	· •	ē
From:			· ·	<u> </u>
		: M. BURR KEIM COMPANY	•	
		r : I1999 0000 242	•• ,	Ç
	Phone	: (215)563-8113	: · 	
	Fax Number	: (215)977-9386	<i>∴-</i>	ŕ

LLC REGISTERED AGENT CHANGE THE REUNION CLUB OF ORLANDO, LLC

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To:

(((H19000277094 3)))

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

Pursuant to the provisions of sections 605.0114 or 605.0116, 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.

 Na 	me of the limited liability company:	ION CLUB OF ORLANDO, LLC
2. (a)	171 17TH STREET NW	(b) 171 17TH STREET NW
()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	SUITE 1575	SUITE 1575
	ATLANTA, GA 30363	ATLANTA, GA 30363
	11/04/2002	M02000002903
3.	Date of filing/registration in Florida	4. Document number
S. (a)	TEE, VIRGINIA ESQ.	
, (u)	Registered Agent and Registered Office shown on the records of	of the Florida Dept. of State:
	200 OCEAN CREST DRIVE	<u></u>
	Registered Office Address (MUST BE FLORIDA STREET	CADDRESS)
	SUITE 31 - LEGAL DEPT	
	PALM COAST ,FI	L 32137
(b)	W. BRADLEY MUNROE, ESQUIRE	
(0)	Enter name of NEW Registered Agent and/or NEW Registered	ed Office addrost:
	239 E. VIRGINIA STREET	
	NEW Registered Office Address:	£ 52
	TALLAHASSEE .FL	L_32301
he cha igent w	nge or changes are made, the Florida street address of	AMY WILDE
Signat	ure of emobile or authorized representative of a member	Printed or typed name of signee
	by accept the appointment as registered agent and agions of all statutes relative to the proper and complete ligations of my costion as registered agent as provide ety-reflect a change in the registered office address, I at moreons of this change.	gree to act in this capacity. I further agree to comply with the Te performance of my duties, and I am familiar with and acce ted for in Chapter 605. F.S. Or, if this document is being filed I hereby confirm that the limited Hability company has been

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