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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.

1.	Nε	une of the limited liability company: Bealls Comn	nun	icatio	ion Group, LLC
2. (a)			(b)	
,		Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	-	(-/ <u>-</u>	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
		1509 Hickory Aveлue	_		1509 Hickory Avenue
		Panama City, FL 32405			Panama City, FL 32405
			-	د ب	
		4/11/2003		411	M0300001149
3.		Date of filing/registration in Florida	4.	_	Document number
5.	(a)	Vicky Moody			
	` '	Registered Agent and Registered Office shown on the records of the	e Flo	rida De	Dept. of State:
		Registered Office Address (MUST BE FLORIDA STREET AL	QRE	SSS	72.5
		1509 Hickory Avenue			FF 7 T
		Panama City	32	405	TILE TARSS
					ASS
(b)	C T Corporation System			
		Enter name of NEW Registered Agent and/or NEW Registered O	ffice	addre	
					STA
		NEW Registered Office Address:			Riber 98
		1200 South Pine Island Road			
		Plantation			
		FL.	33	324	<u> </u>
in a contract of the contract	han wer	nited liability company is not organized under the laws go or changes are made, the Florida street address of the ill be identical. Or, in the case of a Florida limited liabile authorized by an affirmative vote of the members of the sof organization of the premaring percentent of the lines of organization of the premaring percentent of the lines of a member was of all statutes relative to the proper and complete perations of my position as registered agent as provided for relative to the proper and complete perations of my position as registered agent as provided for relative to the proper and complete perations of my position as registered agent as provided for relative to the proper and complete perations of my position as registered agent as provided for this change. James M. Halpin	e requility he hited	gisten comp imited d linb	pany, it is hereby confirmed that the change(s) red liability company or as otherwise provided in billity company. Snathan News 5 JU, CFO Printed or typed name of signee
- 3.	rm	Assistant Secretary	eris.	(4×	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
TOP	ipro	ni Registered Agent			