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SECRETARY OF STATE
TALLAHASSEE, FINANCE

NK



ACCOUNT NO. : 072100000032 REFERENCE : AUTHORIZATION COST LIMIT : \$ 25.00 ORDER DATE : July 12, 2007 ORDER TIME : 10:06 AM ORDER NO. : 997351-540 CUSTOMER NO: 7113721 CHANGE OF AGENT NAME: SUNTRUST EQUITY FUNDING, 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 liab	ility company is:	SUNTRU	ST EQUITY F	UNDING, LLC	
2. The mailing address of the li	mited liability co	mpany is : <u>3</u>	03 Peachtree S	treet NE	
Suite 3600 (H. Kelly) Atla	nta GA 30308				
06/24/2003			M0300000204	9	
3. Date of filing/registration in	Florida	2	4. Document num	iber	
5. The name of the registered as Florida Department of State:	gent and the regis	tered office a	ddress as shown c	on the records of the	
	CT Corr	ooration Sys Name	stem	O7 DI	
1	200 South Pine	Island Roa Address	ad Suite 250	ARE TO	
	Plantat City	ion, FL 333 State and Zip	324	SSERVE	
6. The name and address of the	•	•		PH 2: 12	
	Corporation		mpany	RIDA	
Name 1201 Hays Street					
Florida street address (P.O. Box NOT acceptable)					
	<u> </u>	FL	32301		
	City, S	tate and Zip			
If the limited liability company confirmed that after the change and the business office of the reliability company, it is hereby of the members of the limited l or the operating agreement of the limited li	or changes are megistered agent wi onfirmed that the iability company ne limited liability	ade, the Flori ill be identical change(s) wa or as otherwi y company.	da street address	of the registered office	
(Signature of a member or authorized rep		er)			
(Printed or typed name of signee)	1				
I hereby accept the appointment comply with the provisions of a and I am familiar with and acceptanter 608, F.S. Or, if this do address, I hereby confirm that t	nt as registered a ll statutes relative ept the obligation cument is being j he limited liabilit	gent and agre to the prope s of my positi filed to merely y company ho	re to act in this cap r and complete pe on as registered a v reflect a change as been notified in	pacity. I further agree to erformance of my duties, egent as provided for in in the registered office writing of this change.	

t) Sylvia Queppet, Asst. Vice President

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