

MU300000 3276

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(City/State/Zip/Phone #)

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CT Corporation System

660 E. Jefferson St., Tallahassee, FL, 32301

850-222-1092

USA Bradenton Leaseco, LLC

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- | | | |
|--|---|--|
| <input type="checkbox"/> Profit | <input type="checkbox"/> Amendment | <input type="checkbox"/> Merger |
| <input type="checkbox"/> Nonprofit | | |
| <input type="checkbox"/> Foreign | <input type="checkbox"/> Dissolution/Withdrawal | <input type="checkbox"/> Mark |
| | <input type="checkbox"/> Reinstatement | |
| <input type="checkbox"/> Limited Partnership | <input type="checkbox"/> Annual Report | <input type="checkbox"/> Other |
| <input checked="" type="checkbox"/> LLC | <input type="checkbox"/> Name Registration | <input checked="" type="checkbox"/> Change of RA |
| | <input type="checkbox"/> Fictitious Name | <input type="checkbox"/> UCC |
| <input type="checkbox"/> Certified Copy | <input type="checkbox"/> Photocopies | <input type="checkbox"/> CUS |
| <input type="checkbox"/> Call When Ready | <input type="checkbox"/> Call If Problem | <input type="checkbox"/> After 4:30 |
| <input checked="" type="checkbox"/> Walk In | <input type="checkbox"/> Will Wait | <input checked="" type="checkbox"/> Pick Up |
| <input type="checkbox"/> Mail Out | | |

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11/22/2005

AAM

Order#: TBD by Lisa Duboi

Ref#: _____

Amount: \$ _____

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: USA Bradenton Leaseco, LLC
 2. The mailing address of the limited liability company is : _____
 Five Financial Plaza Ste. 105 Napa, Ca 94558

09/29/2003 _____ M03000003276
 3. Date of filing/registration in Florida 4. Document number

5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

LexisNexis Document Solutions, Inc.
 Name
1201 Hays Street
 Address
Tallahassee, FL 32301
 City, State and Zip

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6. The name and address of the new registered agent and/or office:

C T Corporation System
 Name
1200 South Pine Island Road
 Florida street address (P.O. Box NOT acceptable)
Plantation FL 33324
 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.

By: [Signature]
 (Signature of a member or authorized representative of a member)

Michael E. Jones
 (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) Terri Atteberry
 Assistant Secretary

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