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Florida Department of State

Division of Corporations Public Access System

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Division of Corporations

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From:

Account Name : NATIONAL CORPORATE RESEARCH, LTD.

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Fax Number

: (212) 564-6083

REGISTERED AGENT CHANGE

EDR TAMPA, LLC

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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 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.

agein, or com, mine concerns of a torical			
1. The name of the limited liability company is:			
EDR TAMPA, LL	.c		
The mailing address of the limited liability company is: 530 Oak Court Drive, Suite 300	Memphis	TN	38117
6/4/04	1	M04000002171	İ
3. Date of filing/registration in Florida	4. Document number		
5. The name of the registered agent and the registered office Florida Department of State:	address as sho	wn on the recor	ds of the
Corporation Service C	отрапу		
Name			
1201 Hays Stre	et	unifoliate;	
Address	FL 32301-25	25	
Tallahassee City, State and Z		20	
6. The name and address of the new registered agent and/or	•		
o. The hante and address of the new registered agent abovor	omee.		
National Corporate Resear	ch, Ltd., Inc.	- 50	<u></u>
Name		FÖ	
515 East Park Aven			晋 一
Florida street address (P.O. Box	NOT acceptabl	e) = ==================================	· ·
Tallahassee FL	32301	1000 c	
City, State and Zip)		P
If the limited liability company is not organized under the la confirmed that after the change or changes are made, the Flo and the business office of the registered agent will be identic liability company, it is hereby confirmed that the change(s) of the members of the limited liability company or as otherwork the operating agreement of the limited liability company. (Signature of a member or authorized representative of a member) (Printed or typed name of signce) [Printed or typed name of signce) [Printed or typed name of signce) [I hereby accept the appointment as registered agent and agent and familiar with and accept the obligations of my positional am familiar with and accept the obligations of my positional am familiar with and accept the obligations of my positional am familiar with and accept the obligations of my positional acceptance of Registered Agent) [Signature of Registered Agent] THERESA LEANON, ASSISTANT	rida street addral. Or, in the care in the care author vise provided in the care to act in this er and complet the are charles been notified as been notified.	ess of the regist ase of a Florida rized by an affin the articles of	ered office limited mative vote organization
Division of Corporations, P.O. Box 632		FL 32314	
FILING FEE: \$25	00,3		

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