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ACCOUNT NO. : 072100000032 REFERENCE: 709500 4321919 AUTHORIZATION COST LIMIT ORDER DATE: January 11, 2007 ORDER TIME : 11:16 AM ORDER NO. : 709500-075 CUSTOMER NO: 4321919 CHANGE OF AGENT NAME: EQUITY RESOURCES, LLC PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: CERTIFIED COPY XX PLAIN STAMPED COPY

EXAMINER'S INITIALS:

CONTACT PERSON: Doreen Wallace

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	l liability company is:	EQUITY RESC	OURCES, LLC		
2. The mailing address of					
3800 Corporate Woods Drive,	Suite 100, Birmingham, A	L 35242			
July 16, 2004	'		M04000002819		
3. Date of filing/registration	on in Florida	4. Document number			
5. The name of the register Florida Department of S	red agent and the regis	stered office ad	dress as shown o	on the records of the	
		AI Services Inc.			
	2731 E	Name executive Park Drive Suite 4	:		
Address Address					
	Weston, FL 33331				
	City,	State and Zip		55	
Address Weston, FL 33331 City, State and Zip 6. The name and address of the new registered agent and/or office: Corporation Service Company Name 1201 Hays Street					
Corporation Service Company				יין פֿאַ	
Name OF 5					
Florida street address (P.O. Box NOT acceptable)					
	Tallahassee	FL	32301		
	City, S	State and Zip			
If the limited liability com confirmed that after the chand the business office of liability company, it is her of the members of the lim or the operating agreemen (Signature of a member or authority)	nange or changes are not the registered agent we be confirmed that the life it is a life in the limited liability of the limited liability.	nade, the Floric rill be identical. e change(s) way or as otherwis ry company.	la street address of Or, in the case s/were authorize	of the registered office of a Florida limited d by an affirmative vote	
Jack Fiorella III, Sole Member					
(Printed or typed name of signee)	···				
I hereby accept the appoint comply with the provision and I am familiar with and Chapter 608, F.S. Or, if the address, I hereby confirm (Signature of Registered Agent)	ntment as registered as of all statutes relatived accept the obligation his document is being that the limited liabilistiched.	27	e to act in this ca cand complete po on as registered o reflect a change s been notified ir	pacity. I further agree to erformance of my duties, igent as provided for in in the registered office i writing of this change.	
Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314					

FILING FEE: \$25.00

INHS18 (8/05)