MO4 0000 05739

| Jupite | Cypress Drive, Ser, FL 33469 | Suite H |
|-------------------------|------------------------------|---|
| _ | WAIT | _ |
| | siness Entity Nam | ie) |
| Certified Copies | Certificates | of Status |
| Special Instructions to | Filing Officer: | 4/294 |
| | Office Use Only | $_{\circ}$ () $_{i}$ $_{\circ}$ $_{\circ}$ |



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04/25/05--01048--004 **25.00

ATT 25 TH 9:51

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

| Pursuant to the provision liability company submits agent, or both, in the State | ' the following state | 416 or 608 ement in or | 8.508, Florida S rder 10 change i | Statutes, the units registered o | ndersigned limited ffice or registered |
|--|--|--|---|---|---|
| 1. The name of the limite | d liability company | is: eSi | lo, LLC | | · |
| 2. The mailing address of | | | | | |
| 1530 Cypress Dr | ive, Suite H, | Jupiter, | Florida 33 | 469 | |
| December 30, 2004 | | M040 | 00005739 | | |
| 3. Date of filing/registrati | ation in Florida 4. Document | | | ent number | |
| 5. The name of the registe Florida Department of S | red agent and the re State: Ronald Cheri | - | fice address as s | hown on the re | cords of the |
| | | Name | | | |
| | 750 S. 01d I | | ghway, Suite | #2 | |
| Address Jupiter, Florida 33458 | | | | | |
| | | ity, State ar | | | |
| 6. The name and address of | of the new registere | d agent and | /or office: | | |
| | Ronald Cherr | now | | | |
| | Name 1530 Cypress Drive, Suite H | | | | |
| Florida street add | | ress (P.O. F | Box NOT accept | iable) | Fig. 8 |
| | Jupiter | FI. | 33469 | | |
| | City | y, State and | Zip | | F-1 |
| If the limited liability com confirmed that after the ch and the business office of liability company, it is her the members of the limited the operating agreement of | ange or changes are the registered agent cby confirmed that I liability company | e made, the will be ide the change or as other | Florida street ad intical. Or, in the (s) was/were aut wise provided in | idress of the re- e case of a Flor horized by an a | gistered office = cids limited = co |
| (Signature of a member of authorize | ed representative of a me | mber) | _ | | |
| Ronald Chernow | | | | | |
| (Printed or typed name of signee) | | | - | | |
| I hereby accept the appoint comply with the provisions and I am familiar with and Chapter 608, F.S. Or if the address, I hereby confirm | ntment as registered of all statutes relaid decept the obligations document is being that the limited liab | i agent and tive to the p ions of my p ig filed to n ility compa | l agree to act in in proper and comp position as regis nerely reflect a c my has been not | this capacity. It lete performantered agent as change in the ri ified in writing | further agree to ice of my duties, provided for in egistered office of this change. |
| (Signature of Registered Agent) | | | | | |

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

INHS18(10/99)