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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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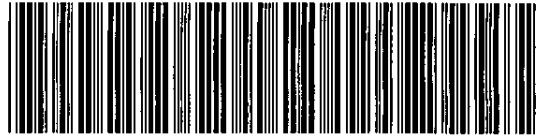
(Business Entity Name)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

M. THOMAS

NOV - 4 2008

EXAMINER

Promenade II, Suite 3100
1230 Peachtree Street, N.E.
Atlanta, Georgia 30309-3592
Tel: 404 815-3500
Fax: 404 815-3509
www.sgrlaw.com

SMITH, GAMBRELL & RUSSELL, LLP
Attorneys at Law

Elissa Hart
Direct Tel: 404-815-3583
Direct Fax: 404-685-6883
EHart@sgrlaw.com

October 31, 2008

VIA FEDERAL EXPRESS

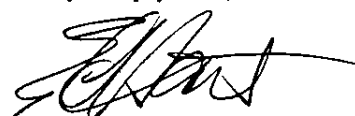
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Re: Luctor International, LLC – Registered Agent change

Dear Sir or Madam:

Please file the attached Statement of Change of Registered Agent accordingly. I have included the Cover Letter, a check for \$25.00 and a copy of the document to be filed. If you have any questions, please do not hesitate to contact me directly. Thank you.

Very truly yours,


Elissa Hart
Corporate Paralegal

ECH
Enclosures

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Luctor International, L.L.C.
(Name of Limited Liability Company)

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Elissa Hart
(Name of Person)

Smith, Gambrell & Russell, LLP
(Firm/Company)

1230 Peachtree St., Suite 3100
(Address)

Atlanta, GA 30309
(City/State and Zip Code)

For further information concerning this matter, please call:

Elissa Hart at (404-) 815-3583
(Name of Person) (Area Code & Daytime Telephone Number)

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

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TALLAHASSEE FLORIDA

**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. Name of the limited liability company: Luctor International, LLC

2. (a) Principal office address of limited liability company: _____
(Note: **MUST BE STREET ADDRESS**) 6520 Pinecastle Blvd
Orlando, FL 32809-6681

(b) Mailing address of limited liability company: _____
(Note: **MAY BE POST OFFICE BOX**) 6520 Pinecastle Blvd
Orlando, FL 32809-6681

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3. Date of filing/registration in Florida 4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Agent: David H. van de Velde

Registered Office Address: _____
6520 Pinecastle Blvd
Orlando, FL 32809-6681

(b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

NEW Registered Agent: Norman Bonchick

NEW Registered Office Address: _____
(**MUST BE FLORIDA STREET ADDRESS**) 6520 Pinecastle Blvd
Orlando, FL 32809-6681

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.

Norman Bonchick
(Signature of a member or authorized representative of a member)

Norman Bonchick
(Printed or typed name of signer)

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.

Norman Bonchick
(Signature of Registered Agent)

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

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TALLAHASSEE, FLORIDA