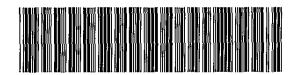
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| (Business Entity Name)                                     |  |  |  |  |  |  |
| (Document Number)  Certified Copies Certificates of Status |  |  |  |  |  |  |
| Special Instructions to Filing Officer:                    |  |  |  |  |  |  |
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## 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.

| 1. The name of the limited liability company is:              | ARGYLE HOLDINGS, LLC  |  |  |  |  |
|---|---|--|--|--|--|
| 2. The mailing address of the limited liability co            | ompany is : 2248 MERIDIAN BLVD #H   |  |  |  |  |
| MINDEN, NV 89423  |   |  |  |  |  |
| 02/08/2005  | M0500000801   |  |  |  |  |
| 3. Date of filing/registration in Florida                     | 4. Document number  |  |  |  |  |
| Florida Department of State:  KAREN MALLE                     | Name AZA STE#1210 Address   |  |  |  |  |
| 6. The name and address of the new registered a  PARACORP INC | State and Zip gent and/or office:  ORPORATED Name   |  |  |  |  |
| TALLAHASSEE   | s (P.O. Box NOT acceptable)  FL 32303  State and Zip  |  |  |  |  |
| saufirms ad that after the about a such an are one of         | under the laws of the State of Florida, it is hereby nade, the Florida street address of the registered office ill be identical. Or, in the case of a Florida limited e change(s) was/were authorized by an affirmative vote or as otherwise provided in the articles of organization y company.                      |  |  |  |  |
| (I filled of typed faile of signer)                           | nager Argyle Holdings ((c   |  |  |  |  |
|   | gent and agree to act in this capacity. I further agree to e to the proper and complete performance of my duties, is of my position as registered agent as provided for in filed to merely reflect a change in the registered office ty company has been notified in writing of this change.  ner Assistant Secretary |  |  |  |  |

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