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DEPAIL OF CORPORATION OF CORRESPONATION OF CORRESPONATION OF CORPORATION OF TALL AHASSEE, FLORID

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SECRETARY OF STATE
ALLAHASSEF FE



ON A TON SERVICE STATE OF STAT ACCOUNT NO. : 072100000032 REFERENCE, 5017647 COST LIMIT : \$ 25.00 ORDER DATE: July 11, 2007 ORDER TIME : 10:13 AM ORDER NO. : 991647-065 CUSTOMER NO: 5017647 CHANGE OF AGENT NAME: FDN SUPRA, LLC PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: _ CERTIFIED COPY PLAIN STAMPED COPY CONTACT PERSON: Kelly Courtney

EXAMINER'S INITIALS:

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:	FDN SU	PRA, LLC	
2. The mailing address of	the limited liability co	mpany is : _		
2301 Lucien Way, Sui	te 200, Maitland, F	L 32751		
11/01/2005			M05000006244	
3. Date of filing/registration	n in Florida		4. Document numb	per
5. The name of the register Florida Department of S		tered office	address as shown or	the records of the
	F8	<u>&L Corp.</u> Name		
	O . T. 1 1		g :- 1200	20 9
•	One Independ	ent Drive, Address	Suite 1300	The state of the s
-	Jackson	ville, FL 3 State and Zi	2202	哥么一
	City,	State and Zi	Р	S 2 0 M
6. The name and address of	f the new registered ag	gent and/or o	office:	Eng. 3
	Corporation	Service C	ompany	6 9 9
_	1	Name		
-		<u>Hays Stree</u>		7 ⁷
	Florida street address	s (P.O. Box 1	NOT acceptable)	
<u>-</u>	Tallahassee	FL	32301	<u> </u>
	City, S	tate and Zip		
If the limited liability components of the business office of the liability company, it is here of the members of the limit or the operating agreement	ange or changes are me he registered agent with the confirmed that the lited liability company of the limited liability	ade, the Flo ill be identic change(s) v or as otherw y company.	rida street address of al. Or, in the case of vas/were authorized	f the registered office f a Florida limited by an affirmative vote
(Signature of a member or authoriz	ed representative of a membe	er)		
Connie B. Walsh				
(Printed or typed name of signee)				
I hereby accept the appoir comply with the provisions and I am familiar with and Chapter 608, F.S. Or, if the address, I hereby confirm to the Chapter of Registered Agent).	R. Wann	3		acity. I further agree to formance of my duties, yent as provided for in n the registered office writing of this change.
(2.5.minio of Kogistered Agent)	Michelle R. Vannov	, Modet VII	J	

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

INHS18 (8/05)