M05000007105

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					
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Office Use Only					



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ECRETARY OF STATE
IT AHASSEF, FLORID



ON SERVICE COMPANY.						
ACCOUNT NO.	:	07210000	0032			
REFERENCE	:	782954	7543082			
AUTHORIZATION	:		10 V 25 2 0			
COST LIMIT	:	\$ 25.00	Spell de sear			
ORDER DATE: March 1, 2007			Sec. Of			
ORDER TIME : 9:49 AM			100 P			
ORDER NO. : 782954-115			En En			
CUSTOMER NO: 7543082						
CHANGE OF AGENT						
NAME: GANDOLF GROUP	, Ll	LC				
PLEASE RETURN THE FOLLOWING AS CERTIFIED COPY PLAIN STAMPED COPY	PRO	OOF OF FII	LING:			
CONTACT PERSON: Jeanine Reynol	lds					

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 limite	d liability company	is: GANDOLF	GROUP, LLC				
2. The mailing address of	the limited liability	company is:					
5354 Parkdale Drive, Suite 350, St. Louis Park, MN 55416							
December 28, 2005			M05000007105				
3. Date of filing/registrati	on in Florida		4. Document nur	mber			
5. The name of the registe Florida Department of S		gistered office	address as shown	on the records of the			
	F	atricia K. Green					
		Name					
2200 Museum Tower, 150 W. Flagler Street $\frac{1}{2}$							
Address Miami, FL 33130 City, State and Zip 6. The name and address of the new registered agent and/or office:							
Miami, FL 33130							
	Cit	y, State and Z	ip	25 O F			
6. The name and address of the new registered agent and/or office:							
Corporation Service Company							
Name 1201 Hays Street							
Florida street address (P.O. Box NOT acceptable)							
		(- ,				
	Tallahassee	FL 15	32301				
	City,	State and Zip					
If the limited liability comeonfirmed that after the chand the business office of liability company, it is her of the members of the limit or the operating agreemen	ange or changes are the registered agent eby confirmed that the liability compart of the limited liabil	made, the Flo will be identic he change(s) value or as otherwity company.	rida street address al. Or, in the case was/were authorize	of the registered office of a Florida limited d by an affirmative vote			
(Signature of a member or authori	zed representative of a men	nber)					
Maureen Cullen, Attorney In F	act						
(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 (Signature of Registered Agent)	RILAMAI	クカー	ree to act in this ca er and complete pe tion as registered a ly reflect a change has been notified in	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