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. (Re	questor's Name)	
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SECRETARY OF STATE
ALLAHASSEE, FINDER,

AL

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: FLSC PROPERTIES, I (Name of	LLC 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	g this matter to the following:
MELANIE DOYAL (Name of Person)	
CORPORATE DIRECT, INC. (Firm/Company)	——————————————————————————————————————
2248 MERIDIAN BLVD., STE. H	INT SEP USECRETARY
MINDEN, NV 89423 (City/State and Zip Code)	P 2: 40 OF STATE E. FLORIDA
For further information concerning this mat	
MELANIE DOYAL	at (775) 782-1307
(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 followi	ing amount:
✓ \$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy

INHS18 (8/05)

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:	FLSC PRO	OPERTIES, LLC		
2. The mailing address of the	he limited liability co	mpany is :	60 EAST SIMP	SON AV	E
JACKSON, WY 83001	•	1 2			
DAOROON, WI BOOK	-		· · · · · · · · · · · · · · · · · · ·		
10/17/2006			M060000057	41	
3. Date of filing/registration	n in Florida		4. Document n	umber	
5. The name of the registere Florida Department of St	ed agent and the regis ate:	tered office	address as show	n on the r	ecords of the
·	PARACORP INC	ORPOR	ATED		
		Name			
<u>2</u>	236 EAST 6TH AV			_	
7		Address			
<u>_l</u>	TALLAHASSEE, F	State and Z	in		
6 The many and address of			•	d	
6. The name and address of	the new registered ag	gent and/or	ornce:	SEC SEC	, , , , , , , , , , , , , , , , , , ,
G	SERRI DETWEIL	ER		SECKETA ALLAHA	
_		Name		ARY SSE	
-	037 GREYSTONI			m_	
	Florida street address	s (P.O. Box	NOT acceptable	r co	
S	SARASOTA	FL 342	32	TATE ORIC	
_	City, S	tate and Zip)	> -	5
If the limited liability complete confirmed that after the charand the business office of the liability company, it is here of the members of the limit or the operating agreement of the member of amendment of the confirmed services of a member of authorize (Signature of a member or authorize)	nge or changes are more registered agent with by confirmed that the ted liability company of the limited liability	ade, the Flo ill be identic change(s) or as other y company.	orida street addre	ss of the r	registered office
MITCHELL SCHULTZ					
(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 thi address, I hereby confirm the	ment as registered as of all statutes relative accept the obligation is document is being f hat the limited liabilit	gent and ag e to the prop s of my pos filed to mer ty company	ree to act in this per and complete ition as registere ely reflect a chan has been notified	capacity. performa d agent as ge in the l in writin	I further agree to ince of my duties, s provided for in registered office ig of this change.

Signature of Registered Agent)