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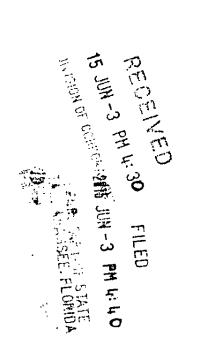
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NAME:

VALUE PLACE PENSACOLA DETROIT LLC

TYPE OF FILING: CHANGE OF AGENT

COST:

25.00

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AUTHORIZATION:

ABBIE/PA(

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114, 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.

oon, in the state of 1 to tall.			
1. Name of the limited liability company: VALUE P	LACE PENSACOLA DET	ROIT LLC	
2. (a) Principal office address of limited liability comparison (Note: MUST BE STREET ADDRESS)	pany: 8621 E. 21st Street N., Suite	250	
	Wichita, KS 67208		
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	8621 E. 21st Street N., Suite 250		
(NOR. MAI DE TOST OF THE BOX)	Wichita, KS 67208	- 23	
December 13, 2006	M06000006960		
3. Date of filing/registration in Florida	4. Document number	FILEI N-3	
5. (a) Registered Agent and Registered Office shown	on the records of the Florida	Dept. of State:	
Registered Agent:	C T Corporation Syst	C T Corporation System	
Registered Office Address:	1200 South Pine Island Road	1200 South Pine Island Road	
	Plantation, FL 33324		
(b) Enter name of <u>NEW Registered Agent</u> and/or	NEW Registered Office add	l <u>ress</u> :	
NEW Registered Agent:	National Corporate Res	National Corporate Research, Ltd., Inc.	
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	155 Office Plaza Drive	155 Office Plaza Drive	
[MUST BE PLONIDA STREET ADDRESS]	Tallahassee	,FL_32301	
If the limited liability company is not organized under confirmed that after the change or changes are made, the and the business office of the registered agent will be in liability company, it is hereby confirmed that the change the members of the limited liability company or as other the operating agreement of the limited liability company.	ne Florida street address of the dentical. Or, in the case of a lete(s) was/were authorized by	e registered office Florida limited an affirmative vote of	
Signature of a member or authorized representative of a member Corp Corp			
I hereby accept the appointment as registered agent a comply with the provisions of all statutes relative to the and I am familiar with and accept the obligations of m Chapter 605, F.S. Or, if this document is being filed to address, I hereby confirm that the limited liability com	nd agree to act in this capacit e proper and complete perfor y position as registered agent o merely reflect a change in th pany has been notified in writ	y. I further agree to mance of my duties, as provided for in e registered office ting of this change.	
Signature of Registered Agent Sean Honan, Assistant Sec.	retary		

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