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Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850)617-6383

From: Account Name : TRIAD PROFESSIONAL SERVICES, LLC
Account Number : I20020000094
Phone : (770)777-2091
Fax Number : (770)220-1943

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FLORIDA DEPARTMENT OF
CORPORATIONS
BUREAU OF COMMERCIAL
INFORMATION SERVICES

LLC REGISTERED AGENT CHANGE
THE MARGARITAVILLE STORE OF KEY WEST, LLC

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C. CARROTHERS

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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 605.0114 or 605.0116, 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. Name of the limited liability company: THE MARGARITAVILLE STORE OF KEY WEST, LLC

2. (a) Principal office address of limited liability company:
(Note: MUST BE STREET ADDRESS)
500 DUVAL ST
KEY WEST, FL 33040

(b) Mailing address of limited liability company:
(Note: MAY BE POST OFFICE BOX)
6900 Turkey Lake Road, Suite 200
Orlando, FL 32819

3. 12/29/2006 Date of filing/registration in Florida

4. M07000000004 Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
National Registered Agents, INC
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
6800 Lakewood Plaza Dr
Orlando, FL 32819

(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:
NRAI Services, Inc.
NEW Registered Office Address:
1200 South Pine Island Road
Plantation, FL 33324

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

/s/Laura McConnell

Signature of a member or authorized representative of a member

Authorized Person / Controller

Printed or typed name of signer

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Signature of Registered AgentK Rahm, Asst Secretary to NRAI

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314

FILING FEE: \$25.00

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