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EXAMINER

CHEFFY PASSIDOMO WILSON & JOHNSON

EDWARD K. CHEFFY BOARD CERTIFIED CIVIL TRIAL ATTORNEY BOARD CERTIFIED BUSINESS LITIGATION ATTORNEY JOHN M. PASSIDOMO **BOARD CERTIFIED REAL ESTATE ATTORNEY GEORGE A. WILSON** BOARD CERTIFIED WILLS, TRUSTS & ESTATES ATTORNEY F. EDWARD JOHNSON BOARD CERTIFIED WILLS, TRUSTS & ESTATES ATTORNEY JOHN D. KEHOE **BOARD CERTIFIED CIVIL TRIAL ATTORNEY** LOUIS D. D'AGOSTINO BOARD CERTIFIED APPELLATE PRACTICE ATTORNEY JEFF M. NOVATT DAVID A. ZULIAN **KEVIN A. DENTI** JEFFREY S. HOFFMAN

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June 2, 2008

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M. FRANCESCA PASSERI

OF COUNSEL: GEORGE L. VARNADOE

Registration Section Division of Corporations P. O. Box 6327 Tallahassee, Florida 32314

Re: Azure, LLC

Ladies and Gentlemen:

Please find enclosed for filing the Statement of Change of Registered office or Registered Agent or Both for Limited Liability Company, together with check in the amount of \$25.00 in payment of the fee therefor.

Please process the Statement and send me an acknowledgment at your earliest convenience. Thank you.

Very truly yours,

Jeff M. Novatt For the Firm

JMN/lrj Enclosures

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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 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:	Azure, LLC		
2. The mailing address of the limited liability company is : 4-1 Talcott Farm Road, Old Lyme, CT			
06371			
04/13/07 M07000002155			
3. Date of filing/registration in Florida 4. Document number		nber	
5. The name of the registered agent and the regist Florida Department of State:		on the records of the	
CT Corporation S	System		
Name			
1200 South Pine Island Road			
Address			
Plantation, Florida 33324		08 SE TAI	
City, State and Zip			
, , , Ca,			
Jeff M. Novatt, Esq.		-5 -5	
Name Pub = C			
821 Fifth Avenue South, Suite 201			
Name 821 Fifth Avenue South, Suite 201 Florida street address (P.O. Box NOT acceptable)			
Naples,	FL_34102		
City, St	tate and Zip		
If the limited liability company is not organized to confirmed that after the change or changes are mand the business office of the registered agent will liability company, it is hereby confirmed that the of the members of the limited liability company or the operating agreement of the limited liability	ade, the Florida street address of the identical. Or, in the case of change(s) was/were authorized or as otherwise provided in the	of the registered office of a Florida limited d by an affirmative vote	

(Signature of a member or authorized representative of a member)

Jeff M. Novatt Esq.

(Printed or typed name of signee)

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 608, 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 Rogistered Agent)

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