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LLC REGISTERED AGENT CHANGE  
DES ES TU MALADE? #1, LLC

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*Fax Audit # 1300067505 3*

**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. Name of the limited liability company:	Des Es Tu Malade?#1, LLC
2. (a) Principal office address of limited liability company:	5455 Troy Highway,
<i>(Note: MUST BE STREET ADDRESS)</i>	
Montgomery, Alabama 36116	
P.O. Box 230817	
Montgomery, AL 36125	
4/20/2007	M07000002313
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office shown on the records of the Florida Department of State	
Registered Agent:	C T CORPORATION SYSTEM
Registered Office Address:	1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 US

**(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:**

<u>NEW</u> Registered Agent:	Business Filings Incorporated
<u>NEW</u> Registered Office Address: <i>(MUST BE FLORIDA STREET ADDRESS)</i>	515 E. Park Avenue, Tallahassee, FL 32301

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.

*F.H.T.*  
Signature of a member or authorized representative of a member

Foy H. Tatum, Manager

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.*

*M. Williams*  
Signature of Registered Agent

Mark Williams, AVP, Business Filings Incorporated  
Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314  
FILING FEE: \$25.00