

M 08000000 151

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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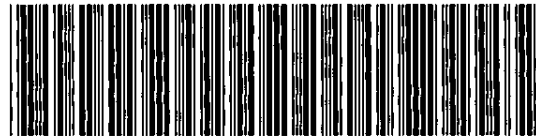
(Business Entity Name)

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TALLAHASSEE, FLORIDA

B. KOHR

NOV 21 2008

EXAMINER

FILED  
08 NOV 21 PM 1:45  
DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA



CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 796658 7620638

AUTHORIZATION :

COST LIMIT : \$ 75.00

*[Handwritten signature]*

ORDER DATE : November 18, 2008

ORDER TIME : 10:05 AM

ORDER NO. : 796658-920

CUSTOMER NO: 7620638

FILED  
08 NOV 21 PM 1:45  
TALLAHASSEE, FLORIDA

CHANGE OF AGENT

NAME: FPRO-1104, LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

       CERTIFIED COPY  
XX        PLAIN STAMPED COPY

CONTACT PERSON: Doreen Wallace

EXAMINER'S INITIALS: \_\_\_\_\_

**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: FPRO-1104, LLC

2. (a) Principal office address of limited liability company: 219 Orchard Park  
Allendale, NJ 07401  
*(Note: MUST BE STREET ADDRESS)*

(b) Mailing address of limited liability company: 218 Orchard Park  
Allendale, NJ 07401  
*(Note: MAY BE POST OFFICE BOX)*

01/09/2008

3. Date of filing/registration in Florida

M08000000151

4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Agent: C T Corporation System

Registered Office Address: 1200 South Pine Island Road  
Plantation, FL 33324

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

NEW Registered Agent: Corporation Service Company

NEW Registered Office Address: 1201 Hays Street  
*(MUST BE FLORIDA STREET ADDRESS)* 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.

Thomas F. Brown IV  
(Signature of a member or authorized representative of a member)

Thomas F. Brown IV, Member  
(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.*

By: Sylvia Oueppet  
(Signature of Registered Agent) Sylvia Oueppet, Asst. VP

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

**FILING FEE: \$25.00**