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## CORPORATE ... ACCESS,

"When you need ACCESS to the world"

INC.

236 East 6th Avenue . Tallahassee, Florida 32303

P.O. Box 37066 (32315-7066)

(850) 222-2666 or (800) 969-1666 . Fax (850) 222-1666

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## ATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR THE 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.

2 ,	
1. Name of the limited liability company: Lucevega	ts Investments, LLC
2. (a) Principal office address of limited liability company	y: 823 Dumaine ROAD
(Note: MUST BE STREET ADDRESS)	Modile, AL 36610
(b) Mailing address of limited liability company:	823 Dumaine ROAD
(Note: MAY BE POST OFFICE BOX)	Mobile, AL 36610
4/12/2011	M 1100000 1857
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office shown on	the records of the Florida Dept. of State:
Registered Agent:	Nelson, Kevin D Esq.
Registered Office Address:	30 S. Spring Street Pensacola, PL 32502
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NE</u> <u>NEW</u> Registered Agent:	Corporate Access, Inc.
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	Z36 E. 6th Ave TallAhAssee ,FL 32303
If the limited liability company is not organized under the confirmed that after the change or changes are made, the F and the business office of the registered agent will be iden liability company, it is hereby confirmed that the change(s of the members of the limited liability company or as other or the operating agreement of the limited liability company.  Signature of a member or authorized representative of a member  ANDREW  Printed or typed name of signee  I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the province of a member of the obligations of my possible of the provisions of the obligations of the provided to me address, I hereby confirm that the limited liability company.	Florida street address of the registered office atical. Or, in the case of a Florida limited was was/were authorized by an affirmative extraction by the crowise provided in the articles of organization by.  FLORIDE CORD
Signature of Registed Agent	sy nas ocen norgica in writing of this change.

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