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COVER LETTER

TO: Registration Section Division of Corporations PURITAN TAMPA, L.L.C. Name of Limited Liability Company Dear Sir or Madam: The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: TIMOTHY J. BRADLEY Name of Person **BRADLEY & MOREAU** Firm/Company 1318 CAMELLIA BOULEVARD LAFAYETTE, LA 70508 City/State and Zip Code tim@realtitle.net E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Timothy J. Bradley Name of Person Area Code & Daytime Telephone Number STREET/COURIER ADDRESS: **MAILING ADDRESS:** Registration Section Registration Section Division of Corporations **Division of Corporations** Clifton Building P.O. Box 6327 2661 Executive Center Circle Tallahassee, Florida 32314 Tallahassee, Florida 32301 Enclosed is a check for the following amount:

■ \$55 Filing Fee & Certified Copy

■ \$25 Filing Fee

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.	Nai	ne of the limited liability company: PURITAN TAMPA, L.L.C			
2. (a)		Principal office address of limited liability company:	8609 POSTWOOD CIRCLE	-,, 13	
		(Note: MUST BE STREET ADDRESS)	TAMPA, FL 33614		
(b)				- - 2 2	
	(b)	Mailing address of limited liability company:	8609 POSTWOOD CIRCLE	<u> </u>	
		(Note: MAY BE POST OFFICE BOX)	TAMPA, FL 33614	<u></u>	
			-		
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3.	Dat	e of filing/registration in Florida	. Document number		
5.	(a)	Registered Agent and Registered Office shown on the	ne records of the Florida Dep	t. of State:	
		Registered Agent:	IVONNE ROSADO		
		•			
		Registered Office Address:	8609 POSTWOOD CIRCLE		
			TAMPA, FL 33614		
					
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW</u> Registered Agent: <u>NEW</u> Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)		Enter name of <u>NEW Registered Agent</u> and/or <u>NEW NEW Registered Agent</u> :	EW Registered Office address: ROBERT GRIFFITHS		
		NEW Registered Office Address:	5217 81ST ST. N. #10		
		(MUST BE FLORIDA STREET ADDRESS)	ST. PETERSBURG	,FL 33709	
and liathe	nfiri d the bilit e me	imited liability company is not organized under the lamed that after the change or changes are made, the Flore business office of the registered agent will be identify company, it is hereby confirmed that the change(s) imbers of the limited liability company or as otherwise rating agreement of the limited liability company.	orida street address of the reg cal. Or, in the case of a Flori	istered office da limited firmative vote of	
RIC	HAR	PAUL BEAULLIEU			
Pri	nted	or typed name of signee	•		
aa	ares	by accept the appointment as registered agent and as which the provisions of all statutes relative to the proving the following the provisions of my poster 608, F.S. Or, if this document is being filed to mer is the province of the provin	ree to act in this capacity. I per and complete performan ition as registered agent as p ely reflect a change in the re has been notified in writing i	further agree to ce of my duties, provided for in gistered office of this change.	
Sig	nátu	e of Registered Agent			

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