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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.

3.	Date of filing/registration in Florida	4. Document number				
	September 21, 1998	M98000001060				
	Suite 306, Jacksonville, FL 32207					
2.	2. The mailing address of the limited liability company is : <u>3740 Beach Boulevard</u> ,					
1.	The name of the limited liability company is:	S Salt, LLC				

5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

	Timothy P. Dolan	
	Name	
	3740 Beach Boulevard, Suite 306 Address	
	Jacksonville, FL 32207 City, State and Zip	SO M
6. The name and address of	of the new registered agent and/or office:	FIL NUG 26
	CT Corporation System	SECON
	Name	
	1200 S. Pine Island Road	
	Florida street address (P.O. Box NOT acceptable)	URIUA 46
	Plantation, FL 33324	 <u></u>
	City, State and Zip	

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 a majority of the members of the limited liability company or as otherwise provided in the articles of organization or the regulations of the limited liability company.

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

Timothy P. Dolan (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. 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 RNELL ASSISTANN'SECULEBARMations, P.O. Box 6327, Tallahassee, FL 32314

FILING FEE: \$35.00