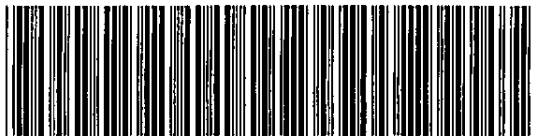


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Change of RA

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L.C. dno
9/26/08

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

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(Document Number)

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EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MTV ASSOCIATES II, 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:

Ashley Orem
(Name of Person)

Black Oak Partners, LLC
(Firm/Company)

101 N. Robinson Ste 800
(Address)

Oklahoma City OK 73102
(City/State and Zip Code)

For further information concerning this matter, please call:

Ashley Orem at (405) 605-1235
(Name of Person) (Area Code & Daytime Telephone Number)

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

\$25 Filing Fee

\$55 Filing Fee & Certified Copy

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: MTV ASSOCIATES II, L.L.C.

2. (a) Principal office address of limited liability company: 101 N. PHILLIPS AVE.
 (Note: **MUST BE STREET ADDRESS**) SIoux FALLS SD 57117

(b) Mailing address of limited liability company: 101 N ROBINSON STE 800
 (Note: **MAY BE POST OFFICE BOX**) OKLAHOMA CITY OK 73102

01/22/1998 M99000000085

3. Date of filing/registration in Florida 01/22/1998 4. Document number M99000000085

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 US

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

NEW Registered Agent: Incorp Services, Inc.

NEW Registered Office Address: 17888 67th Court North

(MUST BE FLORIDA STREET ADDRESS) Loxahatchee, FL 33470

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.

David C. Story
 (Signature of a member or authorized representative of a member)

David C. Story, Manager
 (Printed or typed name of signer)

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.

Jenice Null on behalf of Incorp Services, Inc.
 (Signature of Registered Agent)

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

DHS18 (05/08)

FILED
 09 OCT 28 PM 1:17
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA