

## 111000000111

ACCOUNT NO. : 072100000032

REFERENCE :

966784

4806599

AUTHORIZATION

COST LIMIT

\$ 25.00

ORDER DATE : January 16, 2001

ORDER TIME : 11:31 AM

ORDER NO. : 966784-010

CUSTOMER NO:

4806599

CUSTOMER: Mr. Richard Cotell

Mcdermott, Will & Emery

28 State Street

Boston, MA 02109

800003553898--4

CHANGE OF AGENT

NAME: NITRO LEISURE PRODUCTS, LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX \_\_\_\_ PLAIN STAMPED COPY

CONTACT PERSON: Darlene Ward

## 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. The name of the limited	l liability company is:	Nitro Leisure Produ	icts, LLC
2. The mailing address of	the limited liability compa	my is:1943 Airport	Road .
		Stuart, FL	34996
May 24, 1999		M990000077	Ľ
3. Date of filing/registration	on in Florida	4. Document nu	mber
5. The name of the register Florida Department of S		d office address as shown	on the records of the
•	William H. Ad	en	
		me	
	1943 Airport		
		ress	
	Stuart, FL 34	996 e and Zip	
	• /	^	
6. The name and address o	f the new registered agent	and/or office:	22 9
	A		JIM 18 PH 1: 3
-	Amin C. Khour Nam		
	1943 Airport		8 2 <b>0</b>
-		O. Box <b>NOT</b> acceptable)	Fig. 2
	`	•	Ts =
	Stuart, FI		. 골 골 양
	City, State	and Zip	St. O
If the limited liability comp confirmed that after the chand the business office of the liability company, it is here the members of the limited the operating agreement of the Operation	ange or changes are made, he registered agent will be by confirmed that the chall liability company or as of the limited liability comp	the Florida street address identical. Or, in the case nge(s) was/were authorize herwise provided in the agany.	of the registered office of a Florida limited ed by an affirmative vote of rticles of organization or
Amin C. Khoury (Printed or typed name of signed)  I hereby accept the appoint comply with the provisions and I am familiar with and Chapter 608, F.S. Or, if the address, I hereby confirm to	ntment as registered agent of all statues relative to i accept the obligations of is document is being filed	and agree to act in this co the proper and complete p my position as registered to merely reflect a chang	spacity. I further agree to erformance of my duties, agent as provided for in e in the registered office
	<i>that the limited liability co</i> ure of resident ager		n writing of this change.

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

INHS18(10/99)

(Signature of Registered Agent)

FILING FEE: \$25.00