| (Red                                    | questor's Name)   |             |  |  |  |
|---|-------------------|-------------|--|--|--|
| (Add                                    | dress)            |             |  |  |  |
| (Add                                    | dress)            |             |  |  |  |
| (City                                   | //State/Zip/Phon  | e #)        |  |  |  |
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|---|----------------|----|-----------|---------|--|--|--|
|   | ACCOUNT NO.    | :  | 072100000 | 032     |  |  |  |
|   | REFERENCE      | :  | 923678    | 7695868 |  |  |  |
|   | AUTHORIZATION  | :  |           |         |  |  |  |
|   | COST LIMIT     | :  | Signal of | Cenan   |  |  |  |
| ORDER DATE : N                                  | March 13, 2009 |    |           |         |  |  |  |
| ORDER TIME :                                    | 2:55 PM        |    |           |         |  |  |  |
| ORDER NO. : 9                                   | 923678-013     |    |           |         |  |  |  |
| CUSTOMER NO:                                    | 7695868        |    |           |         |  |  |  |
|   |                |    | <b>-</b>  |         |  |  |  |
| CHANGE OF AGENT                                 |                |    |           |         |  |  |  |
|   |                |    |           |         |  |  |  |
| NAME FLORIDA GUOTGE MOLDINGO ING                |                |    |           |         |  |  |  |
| NAME: FLORIDA CHOICE HOLDINGS, INC.             |                |    |           |         |  |  |  |
|   |                |    |           |         |  |  |  |
| PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: |                |    |           |         |  |  |  |
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|   |                |    |           |         |  |  |  |
| CONTACT PERSON:                                 | Heather Chapma | an | EXT# 29   | 08      |  |  |  |
|   |                |    | EXAMINER: |         |  |  |  |
|   |                |    |           |         |  |  |  |

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

| statement of cha  | provisions of sections 607.0502, 617.050<br>ange is submitted for a corporation organ<br>er to change its registered office or registe  | ized under the laws of the   | State of Florida  |
|---|---|--|---|
| 1. The name of  | the corporation: FLORIDA CHOIC  | E HOLDINGS, IN   | C.  |
| • •   | office address:   | 757  |   |
|   |   |  |   |
| 4. Date of incorp   | poration/qualification: 01/28/2004  | Document number:   | P04000023748  |
|   | d street address of the current registered agreement of State:  | gent and registered office   | on file with the  |
|   | Jack Shoffner   |  |   |
|   | 18055 U.S. Hwy 441  |  | 7 25  |
|   | Mt. Dora, FL 32757  |  | AECRI SECRI   |
| 6. The name and (if changed):   | d street address of the new registered agen   | at (if changed) and /or regi   | 2009 HAR 17 PH 4: 45 SECRETARY OF STATE TALLAHASSEE, FLORID istered office                      |
|   | Corporation Service Company   | 7  | - FSI :   |
|   | 1201 Hays Street  |  |   |
|   | (P.O. Box NOT acceptable)   |  |   |
|   | Tallahassee, FL 32301   |  |   |
| The street address changed will   | ess of its registered office and the street lbe identical.  | address of the business of   | office of its registered agent,   |
| Such change was<br>authorized by the  | as authorized by resolution duly adopted<br>he board, or the corporation has been no  | l by its board of directors<br>tified in writing of the cl   | s or by an officer so<br>nange.   |
| Mary (Stignam   | afte of an officer or director)   | Maureen Cullen,  | Attorney in Fact  |
| I hereby accept I further agree of my duties, an document is bei corporation has  By: | the appointment as registered agent and to comply with the provisions of all station of all stations and accept the oblining filed merely to reflect a change in this been notified in writing of this change. tion Service Company | d agree to act in this caputes relative to the prope<br>igation of my position as<br>e registered office addre | pacity.  r and complete performance registered agent. Or, if this ss, I hereby confirm that the |
| .,  | gnalule of Registered Agent)  | (Da  | ate)  |
|   | chalf of an entity:   |  |   |
|   | . Dawson, Asst. Vice President Typed or Printed Name)   |  |   |

\* \* \* FILING FEE: \$35.00 \* \* \*