To: The Florida Subject: 00044 Division of Comporations

Florida Department of State

Division of Corporations Public Access System

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To:

Division of Corporations

Fax Number : (850)617-6380

From:

: CORPDIRECT AGENTS, INC. Account Name

Account Number : 110450000714 Phone : (850)222-1173

Fax Number (850) 224-1640

REGISTERED AGENT CHANGE

LINKS INVESTMENTS OF TAMPA, INC.

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1/2/05/2008 02:22 PM

H08000268453 3

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

	FOR CORPORATIONS		
Pursuant to the pro	ovisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes,	this	
statement of chang	e is submitted for a corporation organized under the laws of the State of Florida		
in order t	to change its registered office or registered agent, or both, in the State of Florida.		
1. The name of the	corporation: Links investments of Tampa, Inc.		
2. The principal of	ffice address: 2632 South Dundee Street, Tampa, FL 33629		
3. The mailing add	iress (if different):		
4. Date of incorpor	ration/qualification: 02/11/2005 Document number: P050000226	11	
	trest address of the current registered agent and registered office on file with the ment of State: (If resigned, enter resigned)		
£	Resigned	D 03	
		E M	8
6. The name and s (if changed):	street address of the new registered agent (if changed) and for registered office	2355 2355 2355 2355 2355 2355 2355 2355	· 5 圣
<u> </u>	CorpDirect Agents, Inc.	Z S	9
3	515 East Park Avenue	23	2
	(P.O. Box NOT scorpable)	-	
-	Tallahasses, FL 32301		-
The street address as changed will t	s of its registered office and the street address of the business office of its regis to identical.	tered agen	Ł,
Such change was authorized by the	s authorized by resolution duly adopted by its board of directors or by an office: board, or the corporation has been notified in writing of the change.	r 80	
A. G	lo gan Amir Glogau grat officer or director) (Printed or typisal mission and true)		
	1 1		,
I hereby accept to I further agree to of my duties, and document is bein corporation has	the appointment as registered agent and agree to act in this capacity, a comply with the provisions of all statutes relative to the proper and complete it is an familiar with and accept the obligation of my position as registered agent filed marely to reflect a change in the registered office address, I hereby confice notified in writing of this change.	performan it. Or, if th firm that th	ce iis ie
	December 05, 2008		. .
If signing on bel	nalf of an entity:		
	dlock. Assistant Secretary		
	* * * FILING FEE: \$35.00 * * *		
	MAKE CHECKS PAYABLE TO PLORIDA DEPARTMENT OF STATE		

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (8/05)