## 03000036943

| Soldier Draid LCC (Requestor's Name)     |
|--|
| P.O. Box 303                             |
| (Address) Flagly Blach, FZ 321 (Address) |
| (Address)                                |
| (City/State/Zip/Phone #)                 |
| PICK-UP WAIT MAIL                        |
| (Business Entity Name)                   |
|  |
| (Document Number)                        |
| Certified Copies Certificates of Status  |
| Special Instructions to Filing Officer:  |
| 11/18 P/A Change                         |
|  |
| 102 08/11/3                              |
| 1.03-38943                               |

Office Use Only



600024739856

11/18/03--01074--007 \*\*25.00

HLM

O3 NOV 18 AM 10: 01

## 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 limit   | ed liability company is:  | Southern   | Orchid LLG          |                   |               |  |
|--|---|--|---------------------|-------------------|---------------|--|
| 2. The mailing address of  | of the limited liability con  | mpany is: F  | P.O. Box 393, Fla   | agler Beach,      | FL 3213(      |  |
| 10/13/2003   |   |  | L03000038943        |                   |               |  |
| 3. Date of filing/registration in Florida  |   |  | 4. Document number  |                   |               |  |
| 5. The name of the regist Florida Department of  | ered agent and the regist<br>State:<br>Joanna Blythe  | tered office a   | ddress as shown o   | n the records     | of the        |  |
| • • • • • •  | 12525 Pacific Avenu   | Name<br>ue, Apt #5   |                     |                   |               |  |
|  | Los Angeles, FI FL  |  |                     | . Ās              | ධි            |  |
|  | City, S   | State and Zip  | ,                   | EG :              | ω<br><u>∠</u> |  |
| 6. The name and address  | of the new registered ag  | ent and/or of  | fice:               |                   | Ž TI          |  |
|  | S. Blythe   |  |                     |                   | ~ <u>_</u>    |  |
|  | 300 S. Daytona Ave  | <sup>√а</sup> те<br>э., #393   |                     | m,<br>11.<br>□ 0. |               |  |
|  | Florida street address  | (P.O. Box N  | OT acceptable)      |                   | <i>:</i>      |  |
|  | Flagler Beach   | <sub>FL</sub> 32136  |                     | A A               |               |  |
| · ·  | City, St  | tate and Zip   |                     | •                 |               |  |
| If the limited liability corconfirmed that after the cand the business office of liability company, it is he the members of the limite the operating agreement (Signature of a member or author) | hange or changes are many the registered agent will be reby confirmed that the ed liability company or a pof the limited liability co | ade, the Flori<br>Il be identical<br>change(s) wa<br>as otherwise pompany. | da street address o | of the registere  | ed office     |  |
| •  |   |  |                     |                   |               |  |

S. Blythe

(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 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.

(Signature of Registered Agent)

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

FILING FEE: \$25.00

INHS18(10/99)