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COVER LETTER

Registration Section

Division of Corporations

TO:

251 Levy Road, LLC 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: Steven T. Jenkins Name of Person 251 Levy Road, LLC Firm/Company 1962 Colina Court Address Atlantic Beach, FL 32233 City/State and Zip Code posey8755@att.net E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Steven T. Jenkins Name of Person Area Code & Daytime Telephone Number STREET/COURIER ADDRESS: **MAILING ADDRESS:** Registration Section Registration Section Division of Corporations Division of Corporations Clifton Building P.O. Box 6327 2661 Executive Center Circle Tallahassee, Florida 32314 Tallahassee, Florida 32301 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.	Nai	me of the limited liability company: 251 Levy Road, LLC				
2. (a)		Principal office address of limited liability company (<i>Note: MUST BE STREET ADDRESS</i>)	1962 Colina Court Atlantic Beach, FL 32233			
	(b)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	Post Office Box 330358 Atlantic Beach, FL 32233			
		5/10/2007	LO 700000 498	90		
3.	Dat	e of filing/registration in Florida	Document number			
5.	(a)	Registered Agent and Registered Office shown on the	ne records of the Florida De	pt. of	State:	
		Registered Agent:	Howard L. Dale	75.CO	22	
		Registered Office Address:	Dale, Bald, Showalter, Mercier & Green 200 West Forsyth Street, Suite 1100		13 / E	,;
			Jacksonville, FL 32235 32202	- 3.	ज	
,	(b)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEV</u>	V Registered Office addres	10mm 10mm	5 FM 3:	
		NEW Registered Agent:	Steven T. Jenkins	(2) (1)	₩	
		NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	1962 Colina Court	<u>>,,,</u>	Ö	
			Atlantic Beach	,FL	3223	33
and liab the the	firm the oility me ope	imited liability company is not organized under the la ned that after the change or changes are made, the Flore business office of the registered agent will be identi- y company, it is hereby confirmed that the change(s) mbers of the limited liability company or as otherwise erating agreement of the limited liability company.	orida street address of the re cal. Or, in the case of a Flo was/were authorized by an	gistere rida lii affirma	ed offic mited ative vo	te of
		Jenkins	_			
		or typed name of signee				
<u>_</u>	_	by accept the appointment as registered agent and agent with the provisions of all statutes relative to the prount in familiar with and accept the obligations of my poser 608, F.S. Or if this document is being filed to mer something the company of the company	ree to act in this capacity, per and complete performa ition as registered agent as ely reflect a change in the r has been notified in writing	I furth nce of provide egister of thi	er agre my duti ded for red offic is chang	re to ies, in ce ge.
Sign	natur	e of Registered Agent				

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