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TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations
SUBJECT: Poe Family Investment Company, Ltd. (Name of corporation) DOCUMENT NUMBER: A95000001281 The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.
DOCUMENT NUMBER: A95000001281
The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Brenda L. McGehee
(Name of person)
Poe Financial Group, Inc. (Name of firm/company)
Before 7/18/03: After 7/21/03: 511 W. Bay Street, Suite 400 302 Knights Run Avenue, Suite 700
(Address) Tampa, FL 33602
Tampa, FL 33606 (City/state and zip code)
For further information concerning this matter, please call:
Brenda L. McGehee at (813) 259-4047 (Name of person) (Area code & daytime telephone number)
Enclosed is a \$35.00 check made payable to the Department of State.
Mailing Address:Street Address:Amendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327409 E. Gaines StreetTallahassee, FL 32314Tallahassee, FL 32399



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood Secretary of State

July 11, 2003

BRENDA L. MCGEHEE POE FINANCIAL GROUP, INC. 511 W. BAY STREET, STE. 400 TAMPA, FL 33606

SUBJECT: POE FAMILY INVESTMENT COMPANY, LTD.

Ref. Number: A95000001281

We have received your document for POE FAMILY INVESTMENT COMPANY, LTD. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You completed the wrong form.

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6043.

Joey Bryan Document Specialist

Letter Number: 003A00041108

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LIMITED PARTNERSHIP STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT, OR BOTH

Pursuant to the provisions of sections 620.105 and 620.1051, Florida Statutes, the undersigned limited partnership submits the following statement in order to change its registered office or registered agent, or both, in the state of Florida.

POE FAMILY INVESTMENT COMPANY, LTD.
Name of the limited partnership
2. 8/29/95 3. A95000001281 Date of filing/registration in Florida Document number assigned
4. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State: WILLIAM F. POE, SR.
Name
511 W. BAY STREET, SUITE 400
Address
TAMPA, FL 33606
City, State and Zip
5 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6
City, State and Zip 5. The name and address of the new registered agent and/or office: WILLIAM F. POE, SR. POE INVESTMENTS, INC. Name 302 KNIGHTS RUN AVENUE, SUITE 700
Florida street address (P.O. Box not acceptable)
TAMPA, FL 33602 City, State and Zip
6. Such change(s) was/were authorized by the general partners.
Signature of General Partner WILLIAM F. POE, SR.
Signature of General Partner WILLIAM F. POE, SR.
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. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the limited partnership has been notified in writing of this change.

Make checks payable to Florida Department of State and mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 Filing Fee: \$35.00

Signature of Registered Agent WILLIAM F. POE, SR.