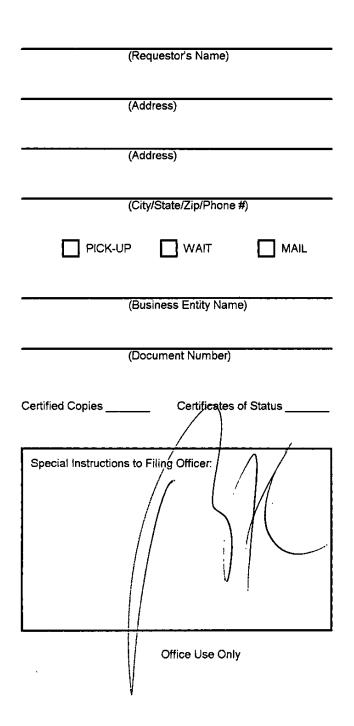
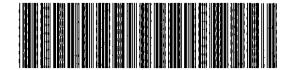
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FLORIDA RESEARCH & FILING SERVICES, INC. 1211 CIRCLE DRIVE TALLAHASSEE, FL 32301 PHONE (850)656-6446

OFFICE USE ONLY

WALK-IN

## **ENTITY NAME:**

- SAMSON PROPERTIES, LLC
- 2. THE NATIONAL DEAF ACADEMY, LLC
- 3. ZEUS ENDEAVORS, LLC



CK# 2128

AMOUNT \$75.00

PLEASE FILE THE ATACHED CHANGE OF AGENT & RETURN THE FOLLOWING:

\_\_\_ CERTIFIED COPY

XXX STAMPED COPY

\_\_\_ CERTIFICATE OF STATUS

## \*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 limited liability	company is: Zeus Endeavors, LLC
	d liability company is: 840 Crescent Centre Drive, Suite 460,
Franklin, Tennessee 37067	
June 23, 2000	L0000007549
3. Date of filing/registration in Flor	·
	and the registered office address as shown on the records of the ort, P. A.  Name  Canyon Avenue, Suite 410  Address  rk, FL 32789  City, State and Zip
Pohl & Sh	ort, P. A.
	Name TE 28
280 West	Canyon Avenue, Suite 410
	Address E.S.
Winter Pa	rk, FL 32789  City, State and Zip
6. The name and address of the new	registered agent and/or office:
NRAI Serv	ices, Inc.
	Name
2731 Exec	utive Park Drive, Suite 4
Florida s	street address (P.O. Box NOT acceptable)
Weston	FL 33331
	City, State and Zip
confirmed that after the change or chand the business office of the registe liability company, it is hereby confir	ot organized under the laws of the State of Florida, it is hereby hanges are made, the Florida street address of the registered office ered agent will be identical. Or, in the case of a Florida limited med that the change(s) was/were authorized by an affirmative vote of company or as otherwise provided in the articles of organization or ed liability company.
(Signature of a member or authorized represent	ative of a member)
Christopher L. Howard, Vice President	and Secretary
(Printed or typed name of signee)	
I hereby accept the appointment as comply with the provisions of all sta and I am familiar with and accept the Chapter 608, F.S. Or, if this docum address, I hereby confirm that the line NRAI Services. Inc.  Silve Chaddock (Signature of Registered Agent)	registered agent and agree to act in this capacity. I further agree to tutes relative to the proper and complete performance of my duties, see obligations of my position as registered agent as provided for in ent is being filed to merely reflect a change in the registered office mited liability company has been notified in writing of this change.

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

INHS18(10/99)

**FILING FEE: \$25.00**