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## .7 April 2003

Division of Corporations Registration Section Post Office Box 6327 Tallahassee, Florida 32314

RE: Tocoi Junction, L.L.C.

Change in Mailing Address and

Change in Registered Agent's Mailing Address

To Whom It May Concern:

Attached are completed "Articles of Amendment to Articles of Organization" and "Statement of Change of Registered Office or Registered Agent or Both for Limited Liability Company" forms for Tocoi Junction, L.L.C. The mailing address of both the L.L.C. and the registered agent have changed.

Also included is a check for \$25.00 to cover the filing fee for these changes.

Thanks in advance for your assistance. Please contact me with any questions.

Sincerely,

TOCOI JUNCTION, L.L.C.

Willa. Bu

William A. Brown Registered Agent

234 Nesmith Avenue

St. Augustine, Florida 32084

(904) 814-2784 cell

## 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 co	mpany is: Tocoi Junction, L.L.C.	
	iability company is: 234 Nesmith Avenue	
St. Augustine, Florida 32084		
18 July 2000	L0000008411	
3. Date of filing/registration in Florida	4. Document number	
5. The name of the registered agent and Florida Department of State:  William A.	I the registered office address as shown on the records of the Brown	
• • • •	Name	
32 Grove	Avenue	
St. Augus	Address tine, Florida 32084	
	City, State and Zip	
6. The name and address of the new registered agent and/or office:		
6. The name and address of the new registered agent and/or office:  William A. Brown  Name  Name		
234 Nesm	73/ Necmin Avenue	
Florida stro	eet address (P.O. Box NOT acceptable)	
St. August	ine, Florida <sub>FL</sub> 32084	
	City, State and Zip	
confirmed that after the change or char and the business office of the registere liability company, it is hereby confirm		
William A. Brown		
(Printed or typed name of signee)		
I hereby accept the appointment as re comply with the provisions of all statu and I am familiar with and accept the Chapter 608, F.S. Or, if this documen address, I hereby confirm that the limit (Signature of Registered Agent)	gistered agent and agree to act in this capacity. I further agree to les relative to the proper and complete performance of my duties, obligations of my position as registered agent as provided for in t is being filed to merely reflect a change in the registered office ted 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**