Florida Department of State

Division of Corporations

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To:

Division of Corporations

Fax Number

· (850)922-4000

From:

: RUDEN, MCCLOSKY, SMITH, SCHUSTER & RUSSELL, P.A. Account Name

076077000521 Account Number : (954) 761-2910

Fax Number

(954) 764-4996

REGISTERED AGENT CHANGE

CARRIAGE COVE, LLC

L-10772

Certificate of Status	1
Certified Copy	1 1
Page Count	01
Estimated Charge	\$60.00

STATEMENT OF CHANGE OF REGISTERED AGENT OR REGISTERED OFFICE OR BOTH LIMITED LIABILITY COMPANIES

Pursuant to the provisions of FSA \S 608.416, the undersigned corporation organized under the laws of the state of FLORIDA submits the following statement in order to change its registered office or registered agent, or both, in the state of Florida.

register	rea agent, or both, in the state	og Prortuin.				
I.	The name of the corporation: CARRIAGE COVE, LLC.					
<i>2</i> .	The mailing address of the corporation is:		7777 North Wickham Rd., #12-311 Melbourne, Florida 32940			
<i>3</i> .	Date of incorporation:	September 6,	2000			
4.	Document number:	L0000001072	22			
5.	The name and address of the Howard S. Miller, Es c/o Ruden McClosky 150 Second Ave., 17 th St. Petersburg, Flori	q. Smith Schuster ^h Floor				
6.	If applicable, the name of the	e new registere	ed agent: Mike Campbell			
<i>7</i> .	If applicable, the (new) stree	et:				
8.	Address of the (new) register	red agent:	7777 N. Wickham Rd., #12-311 Melbourne, Florida 32940			
9.	of its registered agent, as ch	anged, will be		00	îce	
10.	Such change was authorized	l by an action o	luly adopted by the Managing Member o	f t <u>říě</u>	T	
	limited liability company.		27 021 021	25		
	This change will be effective	e upon filing.	H H H H	PM 2:5	The state of the s	
	September 18, 2000.		TATE	2: 57		
JM C	ARRIAGE COVE, INC., Ma	naging Memb	er			
BY:	Mr. Parkell					
	Mike Campbell, Secretary		,			

Having been named as registered agent and to accept service of process for the above stated corporation, 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 obligation of my position as registered agent.

My Child Date: 4-25-00

Miké Campbell, Registered Agent