L'00000011024

(Requestor's Name)					
(Address)					
(Ad	dress)				
(Cit	y/State/Zip/Phone	#)			
PICK-UP	TIAW	MAIL			
(Bu	siness Entity Name)			
(Document Number)					
Certified Copies	_ Certificates o	of Status			
Special Instructions to I	Filing Officer:				

Office Use Only



100008898801

11/15/02-01038--007 **25.00

FILED Nov 15, 2002 08:00 AM Secretary of State



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 limite	ed liability company is:	MOUNT BE	LFORD DEVI	SLOPMENT, LLC
2. The mailing address of	f the limited liability co	ompany is : <u></u>	Susan F	RICE.
910 CRAIG	DR., HEN	DERSON,	KY 4	2420
9/13/0	D .	j	00000	0011024
3. Date of filing/registrat	ion in Florida	4. Doc	ument number	
5. The name of the registe Florida Department of	State: CT CORA	Name Name H PINIE I Address	SYSTEM SLAND K	-
6. The name and address	•			_
FILED v 15, 2002 08:00 AM Secretary of State	29 OLD K Florida street address PALM COAST	Name	NORTH	HUDY SAND) SUITE 16
If the limited liability comconfirmed that after the cland the business office of liability company, it is her the members of the limite the operating agreement of the limited liability company that are the limited liability company to the limited liability company the liability company that are the liability company to the liability company the liability company the liability company the liability company that are the class of the liability company that are the class of the liability company	nange or changes are me the registered agent with reby confirmed that the d liability company or of the limited liability of	ade, the Florida stre II be identical. Or, is change(s) was/were as otherwise provide ompany.	e State of Floridet address of the nation the case of a sauthorized by a din the articles	a, it is hereby registered office Florida limited an affirmative vote of of organization or
(Signature of a member or authority) (Printed or typed name of signee)	3. PRICE			
I hereby accept the appoint comply with the provision and I am familiar with an Chapter 608, F.S. Or, if the address, I hereby confirm (Signature of Registered Agent)	intment as registered as sof all statutes relative date accept the obligation his document is being that the limited liability	gent and agree to ace to the proper and c s of my position as r lied to merely reflec y company has been	t in this capacit complete perfor egistered agent t a change in th notified in writ	y. I further agree to mance of my duties, as provided for in the registered office ting of this change.
(Signature of Registered Agent)	0			

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

FILING FEE: \$25.00

Nov 15,