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SECRETARY OF STATE

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COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Florida Land Trust (Name of Limite	Sensices LLC d Liability Company)	<u></u>
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Office	Change and fee(s) are submitted f	for filing.
Please return all correspondence concerning this n	natter to the following:	
Brenta Woodard (Name of Person)	<u> </u>	
Florida Land Trust Service (Firm/Company)	, uc	
1768 St. Anthony On (Address)		2006 JUN - SECRETV
Cleanwater Fl 33759 (City/State and Zip Code)		SECRETARY OF STATE SALLAHASSEE. FLORID
For further information concerning this matter, ple	ease call:	>
(Name of Person) at (727) 725-9308 (Area Code & Daytime To	elephone Number)
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314	
Enclosed is a check for the following am	ount:	
\$25 Filing Fee	\$55 Filing Fee & Certified C	Сору

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: Florida Land Trust Services LLC
2. The mailing address of the limited liability company is: P.O. Box 306
Palmeto Fi 34220
may 10 2006 Date of filing/registration in Florida LOOOOO 13924 4. Document number
5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:
Name S107 Palmetlo Pt. Dr. Address Palmetlo F1 34221 City, State and Zip
6. The name and address of the navy resistant and a sent and a set
The fiance and address of the flew registered agent and/or office: The final flew registered agent and/or office: The first of the flew registered agent and/or office: Name
If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.
(Signature of a member or authorized representative of a member)
Printed or typed name of signee)
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 as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00

(Signature of Registered Agent)