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| (Reques | tor's Name) | | |
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| (City/Sta | te/Zip/Phone #) | | |
| PICK-UP | WAIT MAIL | | |
| (Busines | s Entity Name) | | |
| (Document Number) | | | |
| Certified Copies | Certificates of Status | | |
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SECRETARY OF STATE

101-3039 W

COVER LETTER

| TO: Registration Section Division of Corporations | |
|--|---|
| SUBJECT: M&G Properties, LLC (Name | of Limited Liability Company) |
| Dear Sir or Madam: | · |
| The enclosed Registered Agent/Registered | ed Office Change and fee(s) are submitted for filing. |
| Please return all correspondence concern | ing this matter to the following: |
| Richard R. Thames (Name of Person) | |
| Stutsman Thames & Markey, (Firm/Company) | P.A. SECRETAR TALLAHASS |
| 50 N. Laura Street, Suite 1600 | HASS |
| Jacksonville, Florida 32202 (City/State and Zip Code) | PH 2: 14 PH STATE REE. FLORIDA |
| For further information concerning this n | matter, please call: |
| Amy Bishop (Name of Person) | at (904) 358-4000 (Area Code & Daytime Telephone 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 follo | owing amount: |
| ✓ \$25 Filing Fee | \$55 Filing Fee & Certified Copy |

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.

| <i>y</i> | • | |
|--|---|--|
| 1. The name of the limited liability company is: \underline{N} | 1&G Properties, LLC | , |
| 2. The mailing address of the limited liability com | pany is : 859 Ocean Boule | vard, Atlantic Beach, |
| Florida 32233 | | |
| 02/26/2001 | L01000003039 | |
| 3. Date of filing/registration in Florida 4. Document nur | | nher |
| 5. Date of Hillig/registration in Piorida | 4. Bocument nun | ioci |
| 5. The name of the registered agent and the register Florida Department of State: | ed office address as shown of | on the records of the |
| Richard R. Thame | S | |
| | lame | |
| 121 W. Forsyth Stre | | |
| | ddress | |
| Jacksonville, Florida | | |
| | ate and Zip | |
| 6. The name and address of the new registered ager | • | |
| D' L I D . The conse | | |
| Richard R. Thames | | |
| Na | | 1 P3 |
| 50 N. Laura Street, S | | ALE DOG |
| Florida street address (I | P.O. Box NOT acceptable) | 2006 JUN SECRETA |
| Jacksonville, | FL 32202 | TASS T |
| City, Stat | te and Zip | Las |
| If the limited liability company is not organized un confirmed that after the change or changes are mad and the business office of the registered agent will liability company, it is hereby confirmed that the clof the members of the limited liability company or or the operating agreement of the limited liability company or the operating agreement of the limited liability of the limited liabilit | le, the Florida street address be identical. Or, in the case hange(s) was/were authorize as otherwise provided in the | Florida, it is hereby of the registered office of a Florida limited d by an affirmative vote |
| (Signature of a member or authorized representative of a member) | | |
| Gregory E. Bolton | | |
| (Printed or typed name of signee) | | |
| I hereby accept the appointment as registered age, comply with the provisions of all statutes relative to and I am familiar with and accept the obligations of Chapter 608, E.S. Or if this document is being file address, I hereby confirm that the instead trability of | nt and agree to act in this ca o the proper and complete pe of my position as registered a ed to merely reflect a change company has been notified in | pacity. I further agree to erformance of my duties, agent as provided for in In the registered office In writing of this change. |
| Signature of Registered Agent) | | |

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