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00789-00584-00611-00623-00671 (Requestor's Name) AMERICAN PRIDE 2104 Cape Coral Pkwy. W. Cape Coral, FL 33914 (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies _____ Certificates of Status Special Instructions to Filing Officer:

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FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

April 23, 2004

AMERICAN PRIDE 2104 CAPE CORAL PKWY. W. CAPE CORAL, FL 33914

SUBJECT: AMERICAN PRIDE BUILDING COMPANY, LLC

Ref. Number: L01000005564

We have received your document for AMERICAN PRIDE BUILDING COMPANY, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must complete number 5 of the application, list the Registered Agent currently on our records.

The registered agent must sign accepting the designation.

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6967.

Letter Number: 004A00026920

Michelle Hodges Document Specialist

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: Anterican Pride Buldang Co, LLC.
2. The mailing address of the limited liability company is: 4332 Chigaria Blud.
Cape Coerl, FL 33914
April 9, 2001 ho100005564
April 9, 2001 3. Date of filing/registration in Florida 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: SAL ALLAN
2314 SW 38 TERR. CAPE CORAL, F1. 33914 City, State and Zip
CAPE COSAL FI 33914
CAPE CORAL, F1. 33914 City, State and Zip
6. The name and address of the new registered agent and/or office:
Virginia Allan Name 1753 Four Mile Cour Apt 124 Florida street address (P.O. Box NOT acceptable)
Cape Coent FL 33990 City, State and Zip
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)
VIRBINIA ALLAN (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. (Signature of Registered Agent)

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

INHS18(10/99)

FILING FEE: \$25.00