Office Use Only

Examiner's Initials

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):		
1. Private Legacy (Corporation Name)	Group, LCC (Document#)	
2. (Corporation Name)	(Document #)	
3. (Corporation Name)	SECRETAR SECRETAR (Document #)	H. A
4(Corporation Name)	(Document #)	
Walk in Pick up time _ Mail out Will wait	Photocopy Certified Copera 5 Certificate of Status	
NEW FILINGS Profit Not for Profit Elimited Liability Domestication Other	AMENDMENTS -06/26/0101084 *****25.00 ****** Amendment Resignation of R.A., Officer/Director Change of Registered Agent Dissolution/Withdrawal Merger	15 -011 *25.00
THER FIEINGS The Annual Report Fictition Name	REGISTRATION/QUALIFICATION Foreign Limited Partnership Reinstatement Trademark Other	

CR2E031(7/97)

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.

The name of the limited liability company	is: PRIVATE LEGACY GROUP, LLC
2. The mailing address of the limited liability	y company is: 1850 LEE ROAD, STE 320.
2. The maining address of the ministration	WINTER PARK, FL 32789
MAY 31, 2001	L 0100000 8701
3. Date of filing/registration in Florida	4. Document number
5. The name of the registered agent and the re Florida Department of State:	egistered office address as shown on the records of the
J. MICHA	EL CUMMINS
2850 LE	Name E ROAD, STE 320
WINTER P	Address PARK, FLORIDA 32789
C	City, State and Zip
6. The name and address of the new registered	ed agent and/or office:
J. MICHA	Name ROAD, STE 320
1850 LEE	Name ROAD, STE 320
WINTER PARI	K, FL 32789
	ty, State and Zip
confirmed that after the change or changes are and the business office of the registered agent liability company, it is hereby confirmed that	zed under the laws of the State of Florida, it is hereby re made, the Florida street address of the registered office at will be identical. Or, in the case of a Florida limited at the change(s) was/were authorized by an affirmative vote of y or as otherwise provided in the articles of organization or ity company.
(Signature of a member or authorized representative of a member of	nember)
J. MICHAEL CUMMINS (Printed or typed name of signee)	and the second
I hereby accept the appointment as registere comply with the provisions of all statutes rela and I am familiar with and accept the obliga Chapter 608, F.S. Or, if this document is be address, thereby confirm that the limited lia	red agent and agree to act in this capacity. I further agree to lative to the proper and complete performance of my duties, ations of my position as registered agent as provided for in eing filed to merely reflect a change in the registered office ability company has been notified in writing of this change.

(Signature of Registered Agent)

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

FILING FEE: \$25.00

INHS18(10/99)