101000017349

(Re	equestor's Name)				
BURGESS PHUPER I Y MANAGEMEN 228 CARSWELL AVE UNIT B HOLLY HILL, FL 32117 (388) 258-0444					
(Ad	dress)				
(Cit	ty/State/Zip/Phone	e #)			
PICK-UP	WAIT	MAIL.			
(Bu	siness Entity Nan	ne)			
(Do	cument Number)				
Certified Copies	_ Certificates	of Status			
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2007 JUL 23 PH 12: 25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA





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:	Burgess Property Manage	ement
		mpany is : 228 Carswell Av	
Holly Hill, FL 32117			
10/28/01		L01000017349	
3. Date of filing/registration in Florida		4. Document number	
5. The name of the register Florida Department of		tered office address as shown	on the records of the
Tronda Doparimon or	Daniel S. F	riebis	_
	3890 Turtle C	Name Creek Dr., Suite B	•
	Port Orange	Address e, FL 32127 State and Zip	· -
6. The name and address	•		
	Gregory D. B	urgess	
	136 Village	Name Lane	TALLAHAS
	Florida street address	(P.O. Box NOT acceptable)	AR E
	Daytona Beach	_{FL} 32119	23 ARY SSE
	City, S	tate and Zip	
confirmed that after the cl and the business office of liability company, it is her the members of the limite the operating agreement of	hange or changes are m the registered agent wi reby confirmed that the	ander the laws of the State of I ade, the Florida street address II be identical. Or, in the case change(s) was/were authorize as otherwise provided in the arompany	of the registered office of a Florida limited d by an affirmative vote of
Gregory D. Burgess		•	
(Printed or typed name of signee)			
I hereby accept the appoint the provision and I am familiar with an Chapter 608, F.S. Or, if a address, I hereby confirm	intment as registered as sof all statutes relative d accept the obligation his document is being f that the limited liability	gent and agree to act in this ca to the proper and complete p s of my position as registered îled to merely reflect a chang y company has been notified i	spacity. I further agree to erformance of my duties, agent as provided for in in the registered office n writing of this change.
(Signature of Projetered Agent)			

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

INHS18(10/99) FILING FEE: \$25.00