

L01000021464

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June 28, 2002

FILED  
02 JUN 28 PM 2:03  
TALLAHASSEE, FLORIDA  
CLERK OF SUPERIOR COURT

Division of Corporations  
George Firestone Building  
409 East Gaines Street  
Tallahassee, FL 32301

Via Hand Delivery

RECEIVED  
02 JUN 28 PM 12:17  
TALLAHASSEE, FLORIDA  
DIVISION OF CORPORATIONS

To Whom It May Concern:

Enclosed for filing, please find **STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT** form, along with a check in the amount of \$25.00 for the applicable filing fees for the following entity:

**THRAILKILL & ASSOCIATES, LLC**  
Document Number: L01000021464

Upon receipt, please "date-stamp" the copy of the letter provided and call me at 222-7717, when the document is ready. Thank you for your assistance in this matter.

Very truly yours,

*Jill May*

Jill W. May, Paralegal

/jwm  
Enclosures

700006106527-5  
-06/28/02-01005-016  
\*\*\*\*\*25.00 \*\*\*\*\*25.00

**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: THRAILKILL & ASSOCIATES, LLC
2. The mailing address of the limited liability company is : 2 SOUTH OSCEOLA AVENUE  
ORLANDO, FLORIDA 32801

3. Date of filing/registration in Florida 12/11/2001
4. Document number L01000021464

5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

G. HARLAN THRAILKILL  
Name  
2 SOUTH OSCEOLA AVENUE  
Address  
ORLANDO, FLORIDA 32801  
City, State and Zip

6. The name and address of the new registered agent and/or office:

G. HARLAN THRAILKILL  
Name #2104  
8 SOUTH OSCEOLA AVENUE, #2104  
Florida street address (P.O. Box NOT acceptable)  
ORLANDO FL 32801  
City, State and Zip

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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]  
(Signature of a member or authorized representative of a member)

G. HARLAN THRAILKILL  
(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]  
(Signature of Registered Agent)

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