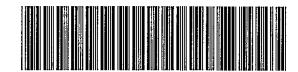
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ÁL,

## 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.

agent, or both, in the State of Florida.	ng statement in order u	o change us reg	fisierea office or regisiere	ш
1. The name of the limited liability co	ompany is: <u>1538</u>	BUILDING,	220	<u></u> .
2. The mailing address of the limited	liability company is: _	1538 S. W	1454INBTON AVE	<u></u> .
Timsville A.	32780		<u> </u>	<u>.</u>
·				
3. Date of filing/registration in Florid	a	4. Document nu	ımber	_
5. The name of the registered agent ar Florida Department of State:				
	Name		<u> </u>	٦.
918	S. Wash, Ngton	_ <i>}</i> }\/-	_	
Titus	P. Calderwood Name S. Wash, Ng ten Address 1.14, A 32780 City, State and Zip	<u> </u>		
6. The name and address of the new r	-			
Joe 1	· Calder Voud		+	
1538	Name S. Washington	Ave	E B T	
Florida st	reet address (P.O. Box N	NOT acceptable	OZ DEC 20 PT	*.:
Totus	City, State and Zip	2780	OZ DEC 20 PM 12: 06 Florida it is bareby	
	City, State and Zip		- 700 P	
If the limited liability company is not confirmed that after the change or chand the business office of the register liability company, it is hereby confirm the members of the limited liability of the operating agreement of the limited (Signature of a member or authorized representation).	anges are made, the Flored agent will be identicated that the change(s) wompany or as otherwise I liability company.	ada street addres al. Or, in the cas as/were authoriz	is of the registered office se of a Florida limited and by an affirmative vote	of
Joe P. Calderwood	/	•		
(Printed or typed name of signee)		m	• • • •	•
I hereby accept the appointment as r comply with the provisions of all stat and I am familiar with and accept the Chapter 608, F.S. Or, if this docume address, I hereby confirm that the lim	egistered agent and agrates relative to the proper obligations of my posite it is being filed to mere intend to the liability company h	ee to act in this er and complete tion as registered ly reflect a chan as been notified	capacity. I further agree t performance of my duties I agent as provided for in ge in the registered office In writing of this change.	<i>o</i> ,

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

of Registered Agent)