## L02000001860

(Requestor's Name)					
Scenic Highway Holdings					
(Address)					
9310 APISON PIKE, UNIT 4 OOLTEWAH, TN 37363					
OOLIEWAH, IN 3/363					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
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Office Use Only



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\*\*25.00

SECRETARI DE STATE ALLAHASSEE, FLORIDA

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## 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 lia	bility company is:	SCENIC	HIGHWAY HOLDINGS	, LLC
2. The mailing address of the				
			OOLTEWAH TN 37363	
01/22/2002			L02000001860	
3. Date of filing/registration in Florida			4. Document number	
5. The name of the registered a Florida Department of State  GA	agent and the regist : ARY HOWE		address as shown on the re	ecords of the
810	60 BAYMEADOW	Name VS WAY \	W, SUITE 170	
JA	CKSONVILLE FL	Address . 32256 State and 2	Zip	FILED W 4: 08 SECRETARY OF STATE TALLAHASSEE, FLORIDA
6. The name and address of the	e new registered ag	ent and/or	office:	FILED JAN 18 PA AFFASSEE.
G <i>A</i>	RY HOWE			野星日
68:	17 SOUTHPOINT	Jame PKWY,	SUITE 601	FLOA F:
	orida street address			- RIDA
JA	CKSONVILLE,	FL 322	16	
***************************************	City, St	ate and Zi	р	
If the limited liability company confirmed that after the change and the business office of the reliability company, it is hereby the members of the limited liab the operating agreement of the summer of the summer of a member or authorized respectively.	e or changes are ma registered agent will confirmed that the phity company or a limited liability co	nde, the Flo l be identi change(s) s otherwis impany.	orida street address of the re	egistered office
Kevin Pennington				
(Printed or typed name of signee)			may real to the Secondardian in application of a secondardian control of the secondard	,
I hereby accept the appointme comply with the provisions of and I am familiar with and acc Chapter 608, F.S. Or, if this a address, I hereby confirm that	nt as registered ag all statuies relative cept the obligations locument is being fi the limited liability	ent and ag to the pro t of my pos tled to mer company	ree to act in this capacity. per and complete performa ition as registered agent as ely reflect a change in the i has been notified in writing	I further agree to mce of my duties, s provided for in registered office g of this change.
(Signature of Registerey Agent)	ne_		t - st	

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

INH\$18(10/99)

**FILING FEE: \$25.00**