PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



1. DOCUMENT # L02000003970

Name and Mailing Address

OCT 21 AM 8:00 SECRETARY OF STATE TALLAHASSEE, FLORIDA

0001284 01 AT 0.292 **AUTO T7 1 0615 32117-474532 tothadaadaadaadaadaadaadaadaadaadaadaada JOHN R. LANGFORD, LLC 932 E MASON AVE DAYTONA BEACH FL 32117-4745



2. New Mailing Address City, State, Zip			4. State/Country of Formation FL 5. Date Organized or Qualified To Do Business in Florida 02/20/2002			
						Principal Place of Business 932 E MASON AVE
DAYTONA BEACH FL 33217	City, State, Zip		7. CERTIFICATE OF STATUS DESIRED S5.00 Additional Fee required for a Certificate of Status			
8. Name and Address of Current Registered Agent			Name and Address of New Registered Agent			
LANGFORD, GARY 932 E MASON AVE DAYTONA BEACH FL 33217		Name Street Address (P.O. Box Number is Not Acceptable)				
		50002397336 10/21/0301082006 **150.00				
		City	FL Zip Code			
Names and Street Addresses of F3/n Managing / iember/Manager Name of Managing Name of Managing		Street Address of Each		City / State / Zip		
		Street Address of Ea Managing Member/Ma		City / Stat	e / Zip	
Name of Managing		Managing Member/Ma		City / Stat	e / Zip	
Title(s) Name of Managing Members/Managers		Managing Member/Ma			e / Zip	
Title(s) Name of Managing Members/Managers		Managing Member/Ma			e / Zip	
Title(s) Name of Managing Members/Managers		Managing Member/Ma	ınager	DOZIER AL 36028	e / Zip	
Title(s) Name of Managing Members/Managers		Managing Member/Ma		DOZIER AL 36028	e / Zip	

Signature of