L02000032172

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(Requestor's Name)		
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(Address)		
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(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
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COVER LETTER

FO: Registration Section Division of Corporations	
Culton Truck II C	
SUBJECT: Fulton Trust, LLC	e of Limited Liability Company)
·	c of Ellinted Elability Company)
Dear Sir or Madam:	
The enclosed Registered Agent/Registered	d Office Change and fee(s) are submitted for filing.
Please return all correspondence concerning	ng this matter to the following:
- I - I - I - I - I - I - I - I - I - I	is the matter to the renewing.
W. F. Vassar, Jr.	
(Name of Person)	
Fulton Trust, LLC	
(Firm/Company)	
P.O. Box 358515	
(Address)	• • •
Gainesville, FL 32635-8515 (City/State and Zip Code)	
(Chy/State and Zip Code)	
For further information concerning this ma	atter, please call:
	at (352) 262-4010
(Name of Person)	(Area Code & Daytime Telephone Number)
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
Clifton Building	P.O. Box 6327
2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee, Florida 32314
Enclosed is a check for the follow	ving amount:
	\$55 Filing Fee & Certified Copy
	_ 4229 . 22

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. Name of the limited liability company:	Fulton Trust, LLC
2. (a) Principal office address of limited liability compa (Note: MUST BE STREET ADDRESS)	ny: <u>2531 N.W. 41st Street</u> Suite D Gainesville, FL 32606
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	P.O. Box 358515 Gainesville, FL 32635-8515
December 02, 2002	L02000032172
3. Date of filing/registration in Florida	4. Document number n the records of the Florida Dept. of State
5. (a) Registered Agent and Registered Office shown o	n the records of the Florida Dept. of State
Registered Agent:	Stuart C. Angelo
Registered Office Address:	201 E. Kennedy Blvd Suite 1620 Tampa, FL 33602
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NI</u>	Dece O Beels
NEW Registered Agent:	Dean G. Poole
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	2531 N.W. 41st Street Suite D Gainesville
If the limited liability company is not organized under the that after the change or changes are made, the Florida streeffice of the registered agent will be identical. Or, in the hereby confirmed that the change(s) was/were authorized liability company or as otherwise provided in the articles limited liability company. (Signature of a member or authorized representative of a member)	reet address of the registered office and the business c case of a Florida limited liability company, it is d by an affirmative vote of the members of the limited
W. F. Vassar, Jr.	
(Printed or typed name of signee)	
I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the pam familiar with and accept the obligations of my positions. Or, if this document is being filed to merely reflect confirm that the limited liability company has been notificated.	l agree to act in this capacity. I further agree to proper and complete performance of my duties, and I on as registered agent as provided for in Chapter 608, a change in the registered office address, I hereby ied in writing of this change.
(Signature of Registered Agent)	

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00