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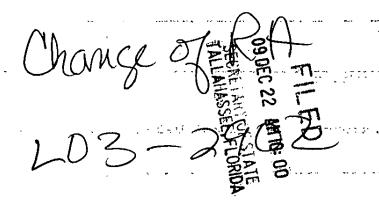
EXAMINER



300162187753

12/22/09--01020--001

**500.00





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. Name of the limited liability company:	1018 Alamo Street, L.L.C.	
2. (a) Principal office address of limited liability compa	ny:	
(Note: MUST BE STREET ADDRESS)	1923 Southampton Road Jacksonville, Florida 32267	
(b) Mailing address of limited liability company:	22 -	
(Note: MAY BE POST OFFICE BOX)	Same Same	
01/24/2003	L03000002902	
3. Date of filing/registration in Florida	4. Document number	
5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:		
Registered Agent:	John S. Duss, IV, Esq.	
Registered Office Address:	Ford, Jeter, Bowlus, et al. 10110 San Jose Boulevard Jacksonville, Florida 32257	
(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:		
NEW Registered Agent:	John S. Duss, IV	
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	Duss, Kenney, Safer, Hampton & Joos 4348 Southpoint Boulevard, Suite 101 Jacksonville ,FL32216	
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 of a member or authorized representative of a member		
John S. Duss, IV, Authorized Person Printed or typed name of signee	<u> </u>	
I hereby accept the appointment as registered agent and comply with the provisions of all statules relative to the p and I am familiar with and accept the obligations of my p Chapter 1998, F.S. Or, if this document is being filed to a address! Thereby confirm that the limited liability compa	proper and complete performance of my duties, position as registered agent as provided for in nerely reflect a change in the registered office	
Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314		

FILING FEE: \$25.00

INHS18 (05/08)