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SEURLIAN / OF STATE TALLAHASSEE, FLORID.

Gregory S. R. Indian Roce 2700 Brase Dacula, GA	1 ton Huy. 30019	#16 - 222
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AL

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	I liability company is:	India	n Rocks	Properties, LL
2. The mailing address of	the limited liability co	mpany is : _2	700 Brase	
#10-222	Dacula, G	A 3001	9	
2/15/2003			L0300	0005721
#10-222, Dacula, 2/15/2003 3. Date of filing/registration in Florida		4. Document number		
5. The name of the register Florida Department of S	tate:			on the records of the
	CLEDOLA	Name	<u>- y</u>	
	3950 Romm	itch La	1 e	-
	Gregory 3950 Romm Pensacola City,	Address ・Fと 32	2504	
•	City,	State and Zip		
6. The name and address o	f the new registered as	gent and/or off	ice:	
	Anthony L	Me De	aniel	
•	Anthony L	Name Doiv	<u> </u>	₹00 B
-	Florida street address		 .	DI MAR -9 P
	Oldsmar	₁₇₁ 34	677	
-	Oldsmar City, S	tate and Zip		E P
If the limited liability componitive that after the chand the business office of the liability company, it is here the members of the limited the operating agreement of	pany is not organized that ange or changes are marked that will be confirmed that the liability company or its second confirmed that the company or its second confirmed that the liability confirmed	ander the laws ade, the Florid Il be identical. change(s) was as otherwise pr	of the State of F la street address Or, in the case s/were authorize	Florida, it is hereby of the registered office of a Florida limited d by an affirmative vote of
- my				
(Signature of a member or authorize		er)		
Greyary S (Printed or typed name of signee)	. Kiley			
I hereby accept the appoint comply with the provisions and I am familiar with and Chaptel 608, F.S. Or, if the address, I hereby confirm (Signature of Registered Agent)	ntment as registered as of all statutes relative decept the obligation is document is being that the limited liability.			
Divisior	i of Corporations, P.	O. Box 6327,	Tallahassee, FL	. 32314

FILING FEE: \$25.00

INHS18(10/99)