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(Business Entity Name)		
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Special Instructions to Filing Officer:		
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SECRETARY-OF STATE DIVISION OF CORPORATIONS

B. 7000 CEP 18 2006

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: DOUBLE ACE DE (Name of Lin	nited Liability Company)
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Off	ice Change and fee(s) are submitted for filing.
Please return all correspondence concerning this	is matter to the following:
Jenny Coone (Name of Person)	
DouBLA Ace Develop. (Firm/Company)	nent, LLC
905 BISCAYNE BIVA	· · · · · · · · · · · · · · · · · · ·
Do land FL 327 (City/State and Zip Code)	724
For further information concerning this matter,	please call:
(Name of Person)	at (<u>386</u>) <u>734 - 2510</u> (Area Code & Daytime Telephone Number)
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
Enclosed is a check for the following	amount:
\$25 Filing Fee	\$55 Filing Fee & Certified Copy

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 liability company is: Double Ace	Development, L. L.C.			
1. The name of the limited liability company is: Double Ace 2. The mailing address of the limited liability company is: 905	BISCAYNE BIND,			
Dehand, FLORIDA 327				
03/03/2003	300000 7809			
3. Date of filing/registration in Florida 4. Doc	cument number			
5. The name of the registered agent and the registered office address Florida Department of State:				
MANION, CAMILL	9 9			
MANION, CAMILL Name 15678 95 H. AVENUE Address JUPITER FLORIDA City, State and Zip	NORTH			
Address				
JUPITER FLORIDA	33476 F GREE			
6. The name and address of the new registered agent and/or office:	FATERATION 1: 34			
Jenny Coone	ATIONS ATIONS			
Jenny Coone Name 905 BISBYNE BLUD				
Florida street address (P.O. Box NOT acceptable)				
DeLMO FL 32	724			
City, State and Zip				
If the limited liability company is not organized under the laws of the State of Florida, it is hereby				

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)

TERRY CONTE

(Printed or typed name of signee)

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

(Signature of Registered Agent)