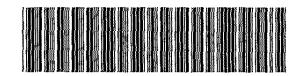
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SECRETARY OF STATE ALLAHASSEE, FLORING

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COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: The I Group, LLC (Name of	Limited Liability Company)	
Dear Sir or Madam:	-	
The enclosed Registered Agent/Registered (Office Change and fee(s) are submitted for filing.	
Please return all correspondence concerning	this matter to the following:	
G. Alan Howard, Esq.		
(Name of Person)		
Milam Howard Nicandri Dees & Gillar (Firm/Company)	=	
14 East Bay Street	AUG 16 P 1: RETARY OF STATA HASSEE, FLOR	
(Address)	P 1: 46 F STATE FLORIDA	
Jacksonville, FL 32202	TE AU	
(City/State and Zip Code)		
For further information concerning this matt	ter, please call:	
G. Alan Howard	at (904) 357-3660	
(Name of Person)	(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	ng 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: The I Group	,ис
2. The mailing address of the limited liability company is:	
One Independent Drive, Suite 2901, Jacksonville, FL 32202	
5/30/03	L03000019593
3. Date of filing/registration in Florida	4. Document number
5. The name of the registered agent and the registered office Florida Department of State:	-
Milam Howard Nicandri Dees	& Gillam, P.A.
Name 50 N. Laura Street, Suite 2900	
Address	
Jacksonville, FL 32202	-
City, State and Z	ip ALS
6. The name and address of the new registered agent and/or	office: AUG
Milam Howard Nicandri Dees &	Gillam, P.A. AUG 16 P
Name	0 - 0
14 East Bay Street	
Florida street address (P.O. Box	NOT acceptable) RAI = 500
Jacksonville FL 3220	02 2 5
City, State and Zip)
If the limited liability company is not organized under the la confirmed that after the change or changes are made, the Flo and the business office of the registered agent will be identicability company it is hereby confirmed that the change(s) of the members of the limited liability company or as other or the operating/agreement of the limited liability company. (Signature of a member or authorized representative of a member)	orida street address of the registered office
O. Alex Harrison (Anniel Cont. Oceaniem)	
G. Alan Howard (Assistant Secretary) (Printed or typed name of signee)	±-
I hereby accept the appointment as registered agent and age comply with the provisions of all strength section to the project of the project	ree to act in this capacity. I further agree to per and complete performance of my duties, ition as registered agent as provided for in ely reflect a change in the registered office has been notified in writing of this change.
Division of Corporations P O Roy 632	7 Tallahassaa FI 20314

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