FILED Aug 11, 2004 8:00 am Secretary of State

| 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. O3042003 Chg-LLC CR2E083 (10/03) 1. City & State City & State City & State Country Zip Country Zip Country S. Certificate of Status Desired Fee Required Fee Requi | | MENT # L03000020 | 445 | | 08-11-2004 90087 005 ****50.00 |
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| Suite, Apt. #, etc. City & State City & State City & State Country Zip Country Size Address of New Registered Agent Name Street Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code Signature required when reintailing MCGILL, CALVIN Signature, typed or printed name of registered agent and the of agrificable. NOTE: Represend Agent signature required when reintailing MARK CITI-Size MGR MGR MGR MGR MGR MGR MGR MGR | 11007 SE 66TH TERR 11007 SE 66 BELLEVIEW, FL 34420 BELLEVIEW, F | | |) | 24019518 |
| City & State Country Country Country Country Country Country Country S. Certificate of Status Desired \$5.00 Addition. Fee Required T. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code 8. The above named entity submits this statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Florida. I am familiar with, and the obligations of registered agent. SIGNATURE Filling Fee is \$50.00 Due by September 8, 2004 SADDITIONS/CHANGES ITILE MARE MCGILL, CALVIN SIREET ADDRESS CITY ST-ZIP BELLEVIEW, FL 34420 City SIREET ADDRESS CITY ST-ZIP BELLEVIEW, FL 34420 CITY ST-ZIP Change C | | | | | — I doknom an ornou nik y maranan' rafaro nik okah orno oloh oloh okah okonomi 1201 — |
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| 6. Name and Address of Current Registered Agent MCGILL, CALVIN 11007 SE 66TH TERR BELLEVIEW, FL 34420 City City FL Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when revistaling) DATE Filling Fee is \$50.00 Due by September 8, 2004 Make check payable to Florida Department of State 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES ITILE MAKE MCGILL, CALVIN SIRET AUDRESS 11007 SE 66TH TERR SIRET AUDRESS 11007 SE 66TH TERR SIRET AUDRESS CITY-ST-ZIP BELLEVIEW, FL 34420 CITY-ST-ZIP Detate ITILE NAME NAME Clange | | | | | |
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| 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and little if applicable. NOTE: Registered Agent signature required when reinstaling) Make check payable to Florida Department of State 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES ITILE NAME MCGILL, CALVIN STREET ADDRESS CITY-ST-ZIP BELLEVIEW, FL 34420 TITLE NAME Delete ITILE NAME Delete TITLE NAME NAME CITY-ST-ZIP Delete TITLE NAME NAME CITY-ST-ZIP TITLE NAME | | | | Street Address | s (P.O. Box Number is Not Acceptable) |
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| TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP 11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. | CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS | } | | STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS | |