L03000023944

(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	·#)
PICK-UP		MAIL
(Bu	siness Entity Nam	ne)
(Do	cument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	
	Office Use Onl	y



05/10/04--01095--001 **35.00

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CC 10/04



TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations

SUBJECT: Majestic Oaks Partners, LLC

(Name of corporation)

DOCUMENT NUMBER: L03000023944

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Thomas E. Bronson

Majestic Oaks Partners, LLC

23446 Links Drive

(Address)

(Name of person)

(Name of firm/company)

Brooksville, FL 34601

(City/state and zip code)

For further information concerning this matter, please call:

 Thomas E. Bronson
 at (352)
 796-2528

 (Name of person)
 (Area code & daytime telephone number)

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Amendment Section Division of Corporations 409 E. Gaines Street Tallahassee, FL 32399 04 JUN 10 PH 2:02

CR2E045(09/03)





FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

May 20, 2004

THOMAS E. BRONSON MAJESTIC OAKS PARTNERS, LLC 23446 LINKS DRIVE BROOKSVILLE, FL 34601

SUBJECT: MAJESTIC OAKS PARTNERS, LLC Ref. Number: L03000023944



We have received your document for MAJESTIC OAKS PARTNERS, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a corporation, but your entity is an LLC. Enclosed is the proper form for your entity.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6958.

Lee Rivers Document Specialist

Letter Number: 304A00035482

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: <u>Majestic Oaks Partners, LLC</u>

2. The mailing address of the limited liability company is : 23446 Links Drive

Brooksville, FL 34601

2003

<u>L03000023944</u> 4. Document number

3. Date of filing/registration in Florida

5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

I	Thomas E. Bronson			
	Name 24060 Deer Run Boulevard	······································	;	•
	Address Brooksville, FL 34601 City, State and Zip	04 JUN	:	- 1 4-
6. The name and address of	of the new registered agent and/or office:			
	Thomas E. Bronson	PH ROFS		
	23446 Links Drive Name	2: 02		
	Florida street address (P.O. Box NOT a	acceptable)		
	Brooksville _{FI} 34601			

FL 54601 City, State and Zip

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.

NING

(Signature of a member or authorized representative of a member)

Thomas E. Bronson

(Printed or typed name of signee)

I hereby accept the appoin	itment as registered agent and agree to act in this capacity.	I further agree to
COMPLY WITH HAS PROVISIONS	of all statutes relative to the proper and complete performa	noo of my dution
and I am familiar with and	pecapy the obligations of my position as registered agent as	provided for in
Chapter 608, F.S. Cr. if th	Second the obligations of my position as registered agent as is accument is being filed to merely reflect a change in the r happine limited liability company has been notified in writing	egistered office
addites i dereby confirm	navine limited liability company has been notified in writing	z of this change.
Hanal !!	Sal and a second	
(Signature of Registered Agent)		

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

FILING FEE: \$25.00