## 103000028453

(Requestor's Name)
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(City/State/Zip/Phone #)
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(Document Number)
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SECRETARY OF STATE

OR OR

## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: Thomason Roscell Investments 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:	
DAVID H. RUSSON (Name of Person)	
Thomason Rossell Tarrestments, LCC (Firm/Company)	
51 S. 7th Street	
SANTE ROGE Beach FL 32459  (City/State and Zip Code)  RECRETARY ASSET ARRY	
For further information concerning this matter, please call:	amer i
DAvid H. Rossell at (850) 865-0961 (Area Code & Daytime Telephone Number	r)
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:	
M\$25 Filing Fee St Selling Fee & Certified Conv	

## 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: Thomason Russell Investments LL
2. The mailing address of the limit	ed liability company is: 51 5 744 Street.
SANTE ROSA Beac	
57/28/2003  3. Date of filing/registration in Flo	10300028453 rida 4. Document number
5. The name of the registered agent Florida Department of State:	and the registered office address as shown on the records of the
P.	Leigh Thomason Name
35	6 Billish Ave, UNIT 4
_F1	WALTON Beach, FL 32548 City, State and Zip
6. The name and address of the new	
	trid H. Russell
51	S. 7th Street
	street address (P.O. Box NOT acceptable)
_ 5 <sub>A</sub>	Nta Rosa FL 32459
	City, State and Zip
confirmed that after the change or c	changes are made, the Florida street address of the registered office ered agent will be identical. Or, in the case of a Havida mited irmed that the change(s) was/were authorized by an affirmative vote lity company or as otherwise provided in the articles of organization mited liability company.
Pasid H. Russell (Printed or typed name of signee)	, Managina Member
	s registered agent and agree to act in this capacity. I further agree to atules relative to the proper and complete performance of my duties, he obligations of my position as registered agent as provided for in nent is being filed to merely reflect a change in the registered office imited liability company has been notified in writing of this change.
(Stonature of Registered Agent)	

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