L03000030425

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TRANSMITTAL LETTER

To: Registration Section Division of Corporation	DIA COL			
Subject: 6ULF SAND PROPERTIES, LLC (Name of Limited Liability Company)	E.C.			
(Name of Limited Liability Company)	25.5			
The enclosed Articles of Amendment and fee(s) are submitted for filing.				
Please return all correspondence concerning this matter to the following:				
(Name of Person)				
(Name of Person)				
GULF SAND PROPERTIES, LLC (Firm Company)				
13 Jo Anna Drive (Address)	-			
SCAGNOVE BOACH, FT 32459 (City/State and Zip Code)				
For further information concerning this matter, please call:				
/15A GIORAGOO 21(850) 534-0506				
(Name of Person) at (\$50) 534-0506 (Area Code & Daytime Phone Number)				
Enclosed is a check for the following amount:				
\$25.00 Filing Fee \$30.00 Filing Fee & \$55.00 Filing Fee & \$60.00 Filing Fee & Certificate of Status Certified Copy (& additional copy) & Certificate of & additional copy)	f Status Copy			

STREET ADDRESS:

Registration Section Division of Corporations 409 E. Gaines Street Tallahassee, Florida 32399

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

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.

agent, or both, in the Sta	te of Florida. "			
1. The name of the limit	ed liability company is	Gulf Sand Properties, LI	_C	
		company is: 13 Jo Anna Dr		
-	-			
8/12/2003		L030000304	L03000030425	
3. Date of filing/registration in Florida		4. Document n	umber	
5. The name of the regist Florida Department of		istered office address as show	on the records of the	
-	Lisa Giordano			
	12 la Anna Driva	Name		
	13 Jo Anna Drive	Address	- 0 ~	
	Seagrove Beach,		W. S	
		, State and Zip	- LAST SER TI	
6. The name and address	of the new registered	agent and/or office:	SEP 26 PM LAHASSEE	
	Frank A. Giordano	Jr.	門里口	
	13 Jo Anna Drive	Name	PILEU PM 4: 05 2005 SEP 26 PM 4: 05 DIVINIONALION	
	Florida street addre	ss (P.O. Box NOT acceptable) DA	
	Seagrove Beach	_{FL} 32459		
	City,	State and Zip		
confirmed that after the cand the business office of liability company, it is he the members of the limite the operating agreement of the limite the limite the operating agreement of the limite t	change or changes are in the registered agent wereby confirmed that the diability company of the limited liability.	l under the laws of the State of made, the Florida street addres vill be identical. Or, in the case the change(s) was/were authorize as otherwise provided in the company.	s of the registered office	
(Signature of a member or author	rized representative of a memi	ber)		
Lisa Giordano				
(Printed or typed name of signee	•			
I hereby accept the appo comply with the provision and I am familiar with an Chapter 608, F.S. Or, if address, I hereby confirm	vintment as registered in the sof all statutes relation and accept the obligation this document is being that the limited liabil	agent and agree to act in this ve to the proper and complete ns of my position as registered filed to merely reflect a chan ity company has been notified	capacity. I further agree to performance of my duties, agent as provided for in ge in the registered office in writing of this change.	

INHS18(10/99)

(Signature of Registered Agent)

FILING FEE: \$25.00

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