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OR OF CORPORATION



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November 25, 2003

Department of State
Division of Corporations
Corporate Filings
P.O. Box 6327
Tallahassee, FL 32314

Re: UNITED ESTIMATICS LLC

Ladies and Gentlemen:

Please find enclosed for filing one original and one copy of the Articles of Amendment and one original and one copy of the Statement of Change of Registered Agent for the above-referenced entity.

Also enclosed are two separate checks in the amount of \$25.00 as the appropriate filing fee for each form.

Please return the copy, stamped to show the date of filing, to the undersigned.

Sincerely,

Jaines Michaud 13400 Wagner Drive Hudson, FL 34667

. 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.

UNITED ESTIMATICS LLC

September 5, 2003		L03000033710	
3. Date of filing/registration	n in Florida	4. Document num	ber
5. The name of the registere Florida Department of St	tate:	registered office address as shown o	n the records of the
<u>-</u>		John Westwood	
	213	Name 3 Meadowcross Dr.	
-	•	Address Harbor, Florida 34695 City, State and Zip	O3 DEC
6. The name and address of		*	OF CO
	James Michau		2 39P
	13400 Wagner	Name	STATE RATIO
_		Idress (P.O. Box NOT acceptable)	. 60 %
1	Hudson	FI. 34667	
-	C	ity, State and Zip	
confirmed that after the cha and the business office of the liability company, it is here	ange or changes a he registered age by confirmed tha liability compan the limited liabil	• •	of the registered office of a Florida limited I by an affirmative vote of
James Michaud			
(Printed or typed name of signee)			

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

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

INHS18(10/99) FILING FEE: \$25.00

ture of Registered Agent)