L03000044711

Edward Aau's (Requestor's Name)						
(Requestor's Name)						
7965 Mobile Hwy						
(Address)						
(Address)						
Pensacola, Fl 32526 (City/State/Zip/Phone #)						
(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
Certified Copies Certificates of Status						
· · · · · · · · · · · · · · · · · · ·						
Special Instructions to Filing Officer:						

Office Use Only



800042979358

12/27 (M -- 010M4 -- 008 ++25.00

OL DEC 27 THE 19
SECRETARY CARRIED THE



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 limite	d liability company is:	Edward	Davis LLC	<u>_</u>		
2. The mailing address of						
796	65 Mobile Hwy, Pensa	acola, Flor	rida 32526			•
November 17, 2003	L03000044711					
3. Date of filing/registrati		4. Document number				
5. The name of the register Florida Department of S		ered office	address as shown on the	e records of	fthe	
1	Legalzoor	n Nevada	, INC			
	111 N.E. F	ite 901	do	Ö		
Address Miami, Fl 33132					4 DEC 27	71
	City,	State and Z	Cip		27	-
6. The name and address	of the new registered ag	ent and/or	office:		Manage	
	Edwa	rd Davis		필요	T Ö	<i>ا</i> سب
	7965	Jame Mobile Hw	/y	司司	19	
	Florida street address	(P.O. Box	NOT acceptable)			
	Pensacola	FL 3	32526			
	City, St	ate and Zi	0			
If the limited liability come confirmed that after the cland the business office of liability company, it is her the members of the limite the operating agreement of the limited liability company to the liability company to t	nange or changes are ma the registered agent will reby confirmed that the d liability company or a of the limited liability co	ade, the Flo Il be idention change(s) so otherwise ompany.	orida street address of the	e registered Florida lim	l offic ited	e ote of or
Edward Davis						
(Printed or typed name of signee)			•			
I hereby accept the appoint comply with the provision and I am familiar with an Chapter 608, F.S. Or, if it address, I hereby confirm	intment as registered ag is of all statules relative d accept the obligations this document is being fi what the limited liability	ent and ag to the pro to my pos iled to mer y company	ree to act in this capacit per and complete perfor ition as registered agent ely reflect a change in th has been notified in writ	y, I further mance of m as provide ie registere ting of this	r agre ty dut ed for ed offi chan	e to ies, in ce ge.
(Signature of Registered Agent)	and .					

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

INHS18(10/99)

FILING FEE: \$25.00