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## COX & ROUSE, P.A.

ATTORNEYS AT LAW

KEEWIN LEXINGTON PARK 240 LOOKOUT PLACE MAITLAND, FLORIDA 32751

E-mail: jodi@coxandrouse.com

PAMELA J. COX JODI K. MUSTOE MICHAEL D. ROUSE\* TELE: (407) 644-5225 FAX: (407) 644-2866

\*Board Certified in Workers' Compensation

April 18, 2005

Division of Corporations PO Box 6327 Tallahassee, FL 32314

RE: Floor 2 Wall LLC

Dear Sir/Madam:

Enclosed please find an executed Statement of Change of Registered Office or Registered Agent or Both for Limited Liability Company along with this firm's check in the amount of \$25.00 representing your filing fee. Please change the name of the registered agent for this LLC as indicated on the form. Should you have any questions or comments, please do not hesitate to contact me.

India Must

JKM:gcr Enclosure

cc: Jess Ellington

## 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 State of Florida.
1. The name of the limited liability company is: Floor 2 Wall LLC
2. The mailing address of the limited liability company is :
5539 Satel Drive, Orlando, FL 32810
Manual and 22 2002 10200050070
November 23, 2003 L03000050070  3. Date of filing/registration in Florida 4. Document number
5. The name of the registered agent and the registered office address as shown on the records of the
Florida Department of State:
Jodi K. Mustoe-Cox & Rouse, P.A. Name
240 Lookout Place
Address ≕
Maitland, FL 32751 City, State and Zip  6. The name and address of the new registered agent and/or office:
6. The name and address of the new registered agent and/or office:
/Wanaaac \ ::
Jess B. Ellington (Manager)
5539 Satel Drive
Florida street address (P.O. Box NOT acceptable)
Orlando FL 32810-2810
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.
(Signature of a member or authorized representative of a member)
TESS ELLINGTON (Printed or typed name of signee)
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 adardss, I hereby confirm that the limited liability company has been notified in writing of this change.  Signature officestered Agent)

FILING FEE: \$25.00

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

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