| (Ke | equestor's Name) | | | | | |
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| Certified Copies Certificates of Status | | | | | | |
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| Special Instructions to | Filing Officer: | | | | | |
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Office Use Only



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COVER LETTER

| 10: | Division of Corporations | | | | |
|------------------|--|--|--------------------------|--|-------|
| SUB | TECT: OG Property Developr | | 71: O | | |
| | (Name of | Limited Liab | ility Company) | | |
| Dear | Sir or Madam: | | | | |
| The e | nclosed Registered Agent/Registered | Office Chang | e and fee(s) are subm | itted for filing. | |
| Pleas | e return all correspondence concernin | g this matter t | o the following: | | |
| Cati | herine Hester | | | ZO SE TAL | |
| - Out | (Name of Person) | | _ | LAH LAH LAH | |
| | | | | IAN 2! ETAR HASSI | |
| Har | rison, Rivard & Bennett | | | 2001 JAN 25 SECRETARY ALLAHASSEE | |
| | (Firm/Company) | | <u> </u> | 5 P 3: 1 Y OF STATE EE, FLORID | |
| | | | | 3: STA: LOR | D |
| 101 | Harrison Avenue | | | | |
| ., | (Address) | | | - 4 | |
| Don | omo City Elorido 22401 | | | | |
| rais | ama City, Florida 32401 (City/State and Zip Code) | | _ | | |
| | (, | | | | |
| For fi | urther information concerning this ma | itter, please ca | 11: | | |
| Cati | nerine Hester | at (850 | 769-7714 | | |
| | (Name of Person) | \ | (Area Code & Dayti | ime Telephone Nu | mber) |
| | STREET/COURIER ADDRESS: | | AILING ADDRESS: | | |
| | Registration Section Division of Corporations | Registration Section | | | |
| | Clifton Building | Division of Corporations P.O. Box 6327 | | | |
| | 2661 Executive Center Circle Tallahassee, Florida 32301 | Та | allahassee, Florida 3231 | 4 | |
| | Enclosed is a check for the follow | ing amount: | | | |
| | ✓ \$25 Filing Fee | \$55 Filing Fee & Certified Copy | | | |

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: OG Property Development, LLC | <u> </u> | | | | | |
|---|---|--|--|--|--|--|--|
| 2. | 2. The mailing address of the limited liability company is : 2700 First Ave North, Birmingham, AL | | | | | | |
| | 5203 | | 1. J. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. | | | | |
| D | December 15, 2003 L03000052870 | | Ason is | | | | |
| 3. | . Date of filing/registration in Florida 4. Document numb | er | | | | | |
| 5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State: | | | | | | | |
| | Nevin Zimmerman . | ≓ . | _ | | | | |
| | Name | SEC SEC | -~ | | | | |
| | 109 Harrison Avenue Address | AHA AHA AHA | | | | | |
| | Panama City, Florida 32401 | AS AS | | | | | |
| | City State and Zin | YRY SSEE | | | | | |
| 6. | . The name and address of the new registered agent and/or office: | E, FLOR ST/ | | | | | |
| | CorpDirect Agents, Inc. | ORID ORID | - - | | | | |
| | Name 515 East Park Avenue Florida street address (P.O. Box NOT acceptable) | ≻`` ' | • | | | | |
| | Tallahassee, FL 32301 | | | | | | |
| | 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. | | | | | | | |
| (Si | signature of a member or authorized representative of a member) | | | | | | |
| (P | Printed or typed name of signee) I hereby accept the appointment as registered agent and agree to act in this cape omply with the provisions of all statutes relative to the proper and complete per and I am familiar with and accept the obligations of my position as registered age hapter 608, F.S. Or, if this document is being filed to merely reflect a change is daress I hereby confirm that the limited liability company has been notified in the confirmation. | acity. I fi formance ent as pr n the regi writing oj | urther agree to to fmy duties, ovided for in istered office this change. | | | | |
| L | MINON HOUR - Asst. Sec. Signature of Registered Agent) | | | | | | |

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