103000055554

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
12/3 MACh
100 165 57
W3-65556

Office Use Only

700043025537

MJH :

12/03/04--01012--002 **25.00

O4 DEC -3 PM 2: 42

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 i	is: R & S Development II, a Limited Liability Co.
2. The mailing address of the limited liability	company is : 1946 Willeo Creek Point
Marietta, Ga 30068	
12/23/03	L03000055556
3. Date of filing/registration in Florida	4. Document number
Florida Department of State:	gistered office address as shown on the records of the
Corporation Serv	The second secon
1201 Hays Street	Name t
	Address
Tallahassee, FI 3	Address 2301 T
Cit	ty, State and Zip
6. The name and address of the new registered	
Robert L. Valentii	ne, attomey 등실 했 노
2000 East Edgew	Name vood Drive, Suite 108
Florida street addre	ess (P.O. Box NOT acceptable)
Lakeland	FL ,33803-3638
City	, State and Zip
confirmed that after the change or changes are	ed under the laws of the State of Florida, it is hereby made, the Florida street address of the registered office will be identical. Or, in the case of a Florida limited the change(s) was/were authorized by an affirmative vote of or as otherwise provided in the articles of organization or a company.
(Signature of a member or authorized representative of a mem	nber)
CLARENCE D. SEIF (Printed or typed name of signee)	
I hereby accept the appointment as registered comply with the provisions of all statutes related and I am familiar with and accept the obligation of the control of the con	l agent and agree to act in this capacity. I further agree to tive to the proper and complete performance of my duties, ons of my position as registered agent as provided for in so filled to merely reflect a change in the registered office lity company has been notified in writing of this change.

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

FILING FEE: \$25.00

INHS18(10/99)