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bility Company)
ge and fee(s) are submitted for filing.
to the following:

all:
(Area Code & Daytime Telephone Number)
MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Fallahassee, Florida 32314
\$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, $\overline{Florida}$ 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: N	/I.J. Lane, LLC		
2. The mailing address of the limited liability com	pany is: 308 London Hill Rd. We	ıst	
Woodbine, Georgia 31569			
01/07/2004	L0400001696		
3. Date of filing/registration in Florida	4. Document number		
5. The name of the registered agent and the register Florida Department of State:	red office address as shown on the r	records of the	e
<u>Fisher, Michael W</u>	• • •		,
	Name	•	
One Independent Dr			
Ac	ddress		
Jacksonville, Florida			
City, St	ate and Zip	0.	₹.
6. The name and address of the new registered ager	nt and/or office:	2	SECRE S.O.
<u>F</u> isher, Tousey, Lea	is & Ball, P.A.	SEP 14	PAR PAR PAR PAR PAR PAR PAR PAR PAR PAR
Na			25 25 25 25 25 25 25 25 25 25 25 25 25 2
818 North A1A, Suite	∍ 104	PR	PG S
Florida street address (I	P.O. Box NOT acceptable)	1:03	ATIATE
Ponte Vedra Beach i	FL 32082	ಏ	SHOIL
City, Stat	te and Zip	_	
If the limited liability company is not organized un	der the laws of the State of Florida,	it is hereby	œ.

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)

MICHAEL W. FISHER , AUTHORIZED REPRESENTATIVE

(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 auties, 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.

(Signature of Registered Agent) REVER VIII

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

FILING FEE: \$25.00