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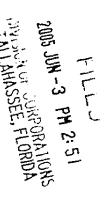
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Charles of publicatio Amendment Section Division of Corporations TO: SUBJECT: 10400001958 DOCUMENT NUMBER: The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing. Please return all correspondence concerning this matter to the following: (Name of contact person) WAMPUM Toyestments For further information concerning this matter, please call:

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Amendment Section Division of Corporations 409 E. Gaines Street Tallahassee, FL 32399





FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

May 6, 2005

ROBERT W. HOOPER WAMPUM INVESTMENTS, LLC 6387 HIGHCROFT DR. NAPLES, FL 34119

SUBJECT: WAMPUM INVESTMENTS, LLC

Ref. Number: L04000002958

We have received your document for WAMPUM INVESTMENTS, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You completed the wrong form

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6043.

Joey Bryan Document Specialist

Letter Number: 905A00032683

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: Wangen Taussing Its
2. The mailing address of the limited liability company is: 13861 Partiew Circle.
NAPLES FL 34119
3. Date of filing/registration in Florida LOA 0000 2958 4. Document number
5. Date of imagregistration in Plotida 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:
6387 Night of Dr. Address
6. The name and address of the new registered agent and/or office:
Robert W. Happen 13681 Pondview Cincle Florida street address (P.O. Box NOT acceptable)
NAPLES FL 34119 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)
(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 address, I hereby confirm that the limited liability company has been notified in writing of this change.
(Signature of Registered Agent)

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