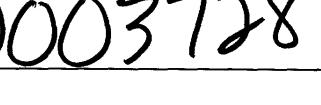
μί**χετοι's** Name) PICK-UF TIAW \overline MAIL es Entity Name) ment Number) Certified Copies ____ __Certificates of Status_ Special Instructions ng Officer:

If ice Use Only





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STA	ENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY
Pursuant liability c agent, or	vergrovisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited with submits the following statement in order to change its registered office or registered in the State of Florida.
1. The na	The limited liability company is: BH+H HOLDINGS, L.L.C.
2. The m	; iddress of the limited liability company is: 101 SWEET WATER COVE. BLVD 50: Languago, PL 37
7EB 3. Date o	LO400003728 Lifegistration in Florida 4. Document number
5. The nai Florida	the registered agent and the registered office address as shown on the records of the interest of State: John A. SHUGHART IR Name Name Address Address MAITLAND, FL 32751 City, State and Zip
6. The nar	daddress of the new registered agent and/or office: ROBERT K. TOUH MBA Name Florida street address (P.O. Box NOT acceptable) FT. LOUDERPAUFI 33315 City, State and Zip
If the limit confirmed and the bus liability co the membe the operation of a PREN (Printed or tyr	it into company is not organized under the laws of the State of Florida, it is hereby lifer the change or changes are made, the Florida street address of the registered office office of the registered agent will be identical. Or, in the case of a Florida limited in its hereby confirmed that the change(s) was/were authorized by an affirmative vote of its limited liability company or as otherwise provided in the articles of organization or reament of the limited liability company. RECOVE HAYES 12 - MGRM THE RESIDENCE OF THE PROPERTY OF
I hereby a comply wit, and I am fa Chapter 66 address, I l	the appointment as registered agent and agree to act in this capacity. I further agree to provisions of all statutes relative to the proper and complete performance of my duties, if with and accept the obligations of my position as registered agent as provided for in S. Or, if this document is being filed to merely reflect a change in the registered office y comfirm that the limited liability company has been notified in writing of this change. MAG Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314
INHS18(10/99)	FILING FEE: \$25.00