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COVER LETTER

Division of Corporations	
SUBJECT: TEXSTREAM INDUST (Name of	RIES, LLC Limited Liability Company)
Dear Sir or Madam:	
The enclosed Registered Agent/Registered	Office Change and fee(s) are submitted for filing.
Please return all correspondence concerning	or this matter to the following:
tease retain an correspondence concerning	s and matter to the following.
RICHARD LEE BARRETT (Name of Person)	<del></del>
,	
BARRETT, CHAPMAN & RUTA	<u>, P.A.</u>
(Firm/Company)	
18 WALL STREET	SECHETALY OF STATE PALLAHASE FF FLORIDA
(Address)	HY OF STATE FLORIDA
ODLANDO EL ODIDA 20004	LORIU LORIUS LORIUS
ORLANDO, FLORIDA 32801 (City/State and Zip Code)	
	•
For further information concerning this mat	tter, please call:
RICHARD LEE BARRETT (Name of Person)	at (407 ) 839-6227 (Area Code & Daytime Telephone Number)
(Name of Ferson)	(Med Code & Bayenne Telephone Number)
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
Enclosed is a check for the following	ing amount:
	\$55 Filing Fee & Certified Copy

INHS18 (8/05)

## 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:	TEXSTREAM INDUSTRIES, LLC
		mpany is : 222 S. PENNSYLVANIA AVENUE

SUITE 200, WINTER PARK, FLORIDA 32789

**JANUARY 16, 2004** 

L04000004472

3. Date of filing/registration in Florida

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:

ROBERT P. SALTSMAN

Name

222 S. PENNSYLVANIA AVENUE, SUITE 200

Address

WINTER PARK, FLORIDA 32789

City, State and Zip

6. The name and address of the new registered agent and/or office:

RICHARD LEE BARRETT

Name

18 WALL STREET, ORLANDO, FLORIDA 32801

Florida street address (P.O. Box NOT acceptable)

FI

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)

RICHARD LEE BARRETT, MANAGER

(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 simited 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

INHS18 (8/05)