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LANGFORD LAW GROUP, P.A.

ATTORNEYS AT LAW

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March 1, 2005

Author's E-mail Address: matt@langfordlawgroup.com

Amendment Section Florida Department of State Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

RE: GHL, LLC

Date of Incorporation: February 24, 2004

Document No.: L04000014627

Our File No.: 9574-001

Dear Sir/Madam:

Enclosed is a Statement of Change of Registered Office or Registered Agent of Both for Limited Liability Company for GHL, LLC along with our check in the amount of \$25.00 for the filing fee.

Should you have any questions concerning this matter, please do not he sitate to contact me.

Very truly yours,

LANGFORD LAW GROUP

Matt C. Myers

MCM/pac Enclosures

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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 limit	ed liability comp	oany is: GHL, LLC	<u> </u>		
2. The mailing address o	of the limited liab	pility company is:			
1616 Penney St., Tam					
02/24/2004		· -	L04000014627	<u> </u>	
3. Date of filing/registration in Florida			4. Document number		
5. The name of the regist Florida Department of		ne registered office	address as shown o	n the records of the	
	101 E. Colleg	Name ge Ave.			
	Tallahassee,	Address Florida 32301 City, State and Z	p		
6. The name and address	of the new regis	tered agent and/or o	office:	ETT :	
	E. C. Langfor	rd, Esq.		OS TAL	
	1715 W. Clev	Name veland St.		D5 MAR SECRETA ALLAHAS	
	Florida street	address (P.O. Box	NOT acceptable)		
	Tampa,		6		
		City, State and Zip			
If the limited liability conconfirmed that after the cand the business office of liability company, it is he the members of the limite the operating agreement of	hange on change I the registered as reby confirmed t ed liability comp	s are made, the Flor gent will be identice that the change(s) wany or as otherwise	rida street address o	lorida, Tis hereby of the registered office of a Florida limited by an affirmative vote of icles of organization or	
(Signature of a member or author	ized representative of	fa member)			
E.C. Langford, Esq.					
(Printed or typed name of signee)	^				
I hereby accept the appo comply with the provision and I am familier with an Chapter 608, F.S. Or if address, I hereby confirm	intment as regist is of all statutes of accept the obli this dofunent is that the limited	tered agent and agr relative to the prop igations of my posi being filed to mere liability company i	ee to act in this cap er and complete pe tion as registered a ly reflect a change has been notified in	acity. I further agree to rformance of my duties, gent as provided for in in the registered office writing of this change.	
(Signature of Registered Agent)	on of Cornorati	one P.O. Box 632	, Tallahassee, FL	22214	
DIAISIC	ur or corbotatio	una, r.W. DUX UJZ (, rananassee, FL	34314	

FILING FEE: \$25.00