1040000014957

| (Requestor's Name) | | | |
|---|--|--|--|
| (Address) | | | |
| (Address) | | | |
| (City/State/Zip/Phone #) | | | |
| PICK-UP WAIT MAIL | | | |
| (Business Entity Name) | | | |
| (Document Number) | | | |
| Certified Copies Certificates of Status | | | |
| Special Instructions to Filing Officer: | | | |
| | | | |
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| | | | |

Office Use Only



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COVER LETTER

| TO: Registration Section Division of Corporations | | | |
|--|---|--|--|
| SUBJECT: PHOENIX REAL ESTATE INVESTORS (Name of Limited Liability Company) | | | |
| Dear Sir or Madam: | | | |
| The enclosed Registered Agent/Registered Office C | Change and fee(s) are submitted for filing. | | |
| Please return all correspondence concerning this ma | atter to the following: | | |
| Joseph Warren Williams | | | |
| (Name of Person) | 2006 TAL | | |
| | | | |
| (Firm/Company) | ASS 1 | | |
| 2518 Bellwood Drive | FILED 2006 JAN 17 PM 4: 13 ALLAHASSEE, FLORID | | |
| (Address) | ORIE T | | |
| Brandon, Florida 33511 | JA CONTRACTOR | | |
| (City/State and Zip Code) | | | |
| For further information concerning this matter, plea | ase call: | | |
| Joseph Warren Williams at (8 | 13) 571-9194 | | |
| (Name of Person) | (Area Code & Daytime 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 amount: | | | |
| \$25 Filing Fee | \$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, Florida Statutes, the undersigned limited liability company Submits the following statement in order to change its registered office or registered

| agent, or bot | th, in the State of Florida. | | |
|---|---|-------------------------------|-------------------------|
| The name of the limited liability company is: PHOENIX REAL ESTATE INVESTORS | | | |
| 2. The mailing address of the limited liability company is: P.O. Box 6971 Brandon, Florida 33508 | | | |
| | | | |
| 02/16/04 | | L04000014957 | |
| 3. Date of fi | lling/registration in Florida | 4. Document numb | ber |
| | of the registered agent and the registere epartment of State: | d office address as shown or | n the records of the |
| | MICHAEL B. REISS | | |
| | Na | ime | - - |
| 309 S. WILLOW AVE. | | | |
| Address | | | |
| TAMPA, FLORIDA 33606 | | | |
| | | te and Zip | |
| TAMPA, FLORIDA 33606 City, State and Zip 6. The name and address of the new registered agent and/or office: INGRID MARIE HOOGLANDER Name | | | |
| INGRID MARIE HOOGLANDER | | | |
| | Nam | | |
| 3826 BELLEWATER BLVD. | | 55 - | |
| | Florida street address (P. | O. Box NOT acceptable) | PH 4: 13 SEE, FLORIDA |
| | Riverview F | լ 33569 | |
| | City, State | and Zip | - |
| confirmed th | I liability company is not organized under that after the change or changes are made these office of the registered agent will be | the Florida street address of | f the registered office |

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)

Joseph Warren Williams

(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.

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