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(Re	equestor's Name)					
(Ad	ldress)					
(Ad	ldress)	<u>.</u>				
(Cit	ty/State/Zip/Phone	#)				
PICK-UP	WAIT	MAIL				
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COVER LETTER

Division of Corporations				
SUBJECT: Axiom Development Group, (Name of Li	L.L.C. imited Liability Company)			
Dear Sir or Madam:				
The enclosed Registered Agent/Registered Of	ffice Change and fee(s) are submitted for filing.			
Please return all correspondence concerning t	his matter to the following:			
Gary B. Leuchtman				
(Name of Person)				
Beggs and Lane (Firm/Company)	·			
501 Commendencia Street (Address)				
Pensacola, Florida 32502 (City/State and Zip Code)				
For further information concerning this matte	r, please call:			
Gary B. Leuchtman (Name of Person)	at (850) 432-2451 (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	g amount:			
\$25 Filing Fee	\$55 Filing Fee & Certified Copy			

TO: Registration Section

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.

9	•						
1. The name of the limi	ited liability com	pany is: Axiom	Development Gro	oup, L.L.C.			·
2. The mailing address	of the limited lia	ability company	is:				
101-A Business Centre D	rive. Destin. Flori	da 32550					
	<u> </u>	., -				14	<u> </u>
2/27/2004 L04000016027							
3. Date of filing/registr	ation in Florida		4. Docui	ment number			-
5. The name of the regis Florida Department o		the registered o	ffice address as	s shown on the	records o	f the	
•	Herman L. I	Neese, Jr.					
	<u></u>	Name		· ·			<u> </u>
	101-A Busine	ess Centre Driv	е				
		Addres	S	*	-		•
	Destin, Florid				 5	_	
City, State and Zip		,	SE	90			
6. The name and address of the new registered agent and/or office:			AHA	AUG 2	T		
	Gary B. Leuc	chtman			SS 25	29	All Courses
		Name			mo	PX	M
	501 Commen	dencia Street			7.5°		Contrast.
	Florida stree	t address (P.O.	Box NOT acce	eptable)	ORIO ORIO	2: 33	ر ا
	Pensacola	FL	32502		>		
		City, State and	d Zip				- /-
If the limited liability of confirmed that after the and the business office liability company, it is f of the members of the l or the operating agreem	change or chang of the registered hereby confirmed limited liability of	ges are made, the agent will be id a that the chang company or as o	e Florida street lentical. Or, in e(s) was/were a therwise provid	address of the the case of a F	registere lorida lin	d offic nited	
(Signature of a member or auth	· · · /			-	.,	ar .	,
(Printed or typed name of signe	12. Korre	<u> </u>		•			
I hereby accept the app comply with the provisi and I amifamiliar with/ Chapter 608, F.S. Or / address I, hereby confir	A A /	istered agent ans relative to the bligations of my is being filed to additional to the comp	nd agree to act proper and co position as re merely reflect cany has been v	in this capacity mplete perform gistered agent a a change in the notified in writi	. I furthe ance of n is provide registere ng of this	r agre vy dut ed for ed offi chan	ee to ies, in ice ge.
(Signature of Registered Agent	t)		· .= .a	₩ •• •		-	•
/ Divis	sion of Corpora	tions, P.O. Box	6327, Tallaha	issee, FL 3231	4		

FILING FEE: \$25.00