104000/8/50

| First Atantic Mortgage (Requestor's Name) |
|---|
| 1301 Beville Rd. |
| Suite (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: 43 43 44 45 46 46 46 46 46 46 46 46 |
| 104-18150 |
| Office Lise Only |



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Hill

06/13/05--01055--002 **25.00

AE 80110 PM 2:2

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.

| agent, or both, in the State | • | | | |
|--|---|---|--|--|
| 1. The name of the limited | l liability company is | . AMF Company, LLC | | |
| 2. The mailing address of | the limited liability c | ompany is : 1301 Beville Ro | oad, Suite 1, | |
| Daytona Beach, FL 321 | | <u></u> | <u></u> | |
| 03-08-04 | | L040000181 | 50 | |
| 3. Date of filing/registration in Florida | | 4. Document no | umber | |
| 5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State: | | | | |
| • | | aniel S. Friebis | | |
| Name 3890 Turtle Creek Dr., Suite B-1 | | | | |
| | | Address Orange, FL 32127 , State and Zip | ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ | |
| 6. The name and address of the new registered agent and/or office: | | | | |
| | | nes A. Baxter | | |
| Name 3353 Regention Ave., Aprile 1301 BEV3775 Rd # | | | | |
| Florida street address (P.O. Box NOT acceptable) | | | | |
| | Daytona Beach | _{FL} 32119 | | |
| | City, | State and Zip | | |
| If the limited liability componitioned that after the chand the business office of the liability company, it is here the members of the limited the operating agreement of | pany is not organized ange or changes are r the registered agent we by confirmed that th I liability company or the limited liability of | under the laws of the State of nade, the Florida street addres vill be identical. Or, in the cas e change(s) was/were authoriz as otherwise provided in the company. | Florida, it is hereby s of the registered office e of a Florida limited ted by an affirmative vote of articles of organization or | |
| (Signature of a member or authorize | ed representative of a member | 6/20/05 per) | | |
| James A. Baxter (Printed or typed name of signee) | <u> </u> | | · / · · · · · · · · · | |
| | ntment as registered of all statutes relative accept the obligation is document is being that the limited liabil. | agent and agree to act in this of we to the proper and complete ns of my position as registered filed to merely reflect a chan ity company has been notified | capacity. I further agree to performance of my duties, I agent as provided for in ge in the registered office in writing of this change. | |

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

INHS18(10/99) - FILING FEE: \$25.00