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## **COVER LETTER**

10:	Division of Corporations				
SUB.	JECT: US METALS BEACH (Name of	PROPERTIE of Limited Liabili			
Dear	Sir or Madam:				
The e	enclosed Registered Agent/Registered	d Office Change a	and fee(s) are subm	nitted for filing.	
Pleas	e return all correspondence concerni	ng this matter to t	the following:		
MAI	RK VIOLETTE (Name of Person)		-	2007 FEB -9 P 4: 07 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
MAI	RK A. VIOLETTE, P.A.		_	-9 F RY 0 SEE.	
	(Firm/Company)			P 4: 07 OF STATE E. FLORIDA	O
42 E	BUSINESS CENTRE DR. S	TE 311	_		
	(Address)		_		
MIR	AMAR BEACH, FLORIDA 325 (City/State and Zip Code)	50	-		
For fi	urther information concerning this m	atter, please call:			
MAF	RK A. VIOLETTE, P.A.	at ( 850	) 654-0068		
	(Name of Person)		Area Code & Dayti	ime Telephone	Number)
	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	Regis Divis P.O.	LING ADDRESS: stration Section sion of Corporations Box 6327 hassee, Florida 3231	4	
	Enclosed is a check for the follow	ving amount:			
	<b> ▼</b> \$25 Filing Fee	□ \$55	Filing Fee & Cert	ified 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 both, in the State of Florida.

3	· ·
1. The name of the limited liability company is: US MET	TALS BEACH PROPERTIES, L.L.C.
2. The mailing address of the limited liability company is	: 151 REGIONS WAY, SUITE 4A
DESTIN, FLORIDA 32541	
APRIL 12, 2004	L04000027942
3. Date of filing/registration in Florida	4. Document number
5. The name of the registered agent and the registered office Florida Department of State:  JEFFERY D. ADAMSON Name	
155 INDIGO LOOP S.	
Address  DESTIN, FLORIDA 32550  City, State and	Zip HASS
6. The name and address of the new registered agent and/o	or office:
MARK A. VIOLETTE, P.A.  Name  42 BUSINESS CENTRE D  Florida street address (P.O. Bo	OR. STE 311  OX NOT acceptable)
MIRAMAR BEACH FL 32	
City, State and Z  If the limited liability company is not organized under the confirmed that after the change or changes are made, the F and the business office of the registered agent will be identiability company, it is hereby confirmed that the change(s of the members of the limited liability company or as other the operating agreement of the limited liability company  Signality of a member or authorized representative of a member)  Adamson  (Printed or typed name of signee)	laws of the State of Florida, it is hereby Florida street address of the registered office atical. Or, in the case of a Florida limited s) was/were authorized by an affirmative vote erwise provided in the articles of organization
I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the pround I am familiar with and accept the obligations of my po Chapter 608, F.S. Or, if this document is being filed to me address. I hereby confirm that the limited liability compan	agree to act in this capacity. I further agree to oper and complete performance of my duties, osition as registered agent as provided for in erely reflect a change in the registered office by has been notified in writing of this change

(Signature of Registered Agent)

Manuality