L04000032830

2004 DEC -3 P 4: 15
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FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

November 1, 2004

FILED

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SECRETARY OF STATE TALLAHASSEE, FLORIDA

PATTI WALSH 5101 MAGNOLIA BAY CIR. PALM BEACH GARDENS, FL 33418

SUBJECT: DW INVESTMENT GROUP, LLC

Ref. Number: L04000032830

We have received your document for DW INVESTMENT GROUP, LLC and your check(s) totaling \$140.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6094.

Agnes Lunt Document Specialist

Letter Number: 704A00062616

COVER LETTER

TO: Amendment Section Division of Corporations	FILED
SUBJECT: DW Invistment Group, LCC (Name of corporation)	2004 DEC -3 P 4: SECRETARY OF STATALLAHASSEE, FLOR
DOCUMENT NUMBER:	
The enclosed Statement of Change of Registered Office/Agent and fee are submitted for fil	ing.
Please return all correspondence concerning this matter to the following:	
Patti Walsh (Name of contact person) DW Investment Group, LLC 5101 Magnolia Bay Cir. (Firm/Company) Point Beach Gardens, FL: (Address)	
(City/state and zip code)	
For further information concerning this matter, please call:	
(Name of contact person) at [26]; 644-9 (Area code & daytime telephone)	one number)
Enclosed is a \$35.00 check made payable to the Department of State.	

Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Amendment Section Division of Corporations 409 E. Gaines Street Tallahassee, FL 32399

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 limited liability company is: 2. The mailing address of the limited liability company is: 3. Date of filing/registration in Florida Document number 5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State: a 0 Name Address State and Z 6. The name and address of the new registered agent and/or office: COO Florida street address (P.O. Box NOT acceptable) City, State and Zip If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited 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) (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

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