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2006 APR -7 PM 4: 39

J. BRYAM APR 1 1 2005

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: DGAS, L.L.C.	
(Name o	f Limited Liability Company)
Dear Sir or Madam:	
The enclosed Registered Agent/Registered	Office Change and fee(s) are submitted for filing.
Please return all correspondence concernir	ng this matter to the following:
Stephen T. Etheredge (Name of Person)	
Buntin, Etheredge & Dowling, L	.L.C.
(Firm/Company)	2006 APR -7 PM 4: 39 DIVINISH CONSCIENCE, FLORIDA
185 N. Oates Street	
(Address)	ASS -1 [
	黑 宝 七
Dothan, AL 36303	
(City/State and Zip Code)	ORI 39
For further information concerning this ma	
Stephen T. Etheredge	at (334) 793–3377
(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 follow	ing 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 both, in the State of Florida.

agem, or	boin, in the Stat	e oj Pioriaa.			
1. The na	ame of the limite	d liability company i	s:DGAS, L.I	c.	
2. The m	ailing address of	the limited liability	company is: <u>119 S. W</u>	oodburn	Drive
	Dothan, A	L 36301	• •		
Ma	ıy 12, 2004		L0400	0036096	
3. Date of	3. Date of filing/registration in Florida 4. Document num				er
	me of the registe Department of		istered office address as	shown on	the records of the
		Corporation S	ervice Company Name		
		1201 Hays Str			
			Address	,	1 1 E
		Tallahassee,	FL 32301 y, State and Zip		ALL
6. The na	me and address	of the new registered	•		2006 APR -7 PH 2006 APR -7 PH 2017 ALLAHASSEE.
		Stephen T. Et	heredge, Jr.		PH 4: 35
			Name		T 2 T
		1119 Buena Vi			ිදු ය
		Florida street addre	ess (P.O. Box NOT accep	table)	D P
		Panama City	FL 32401		
		City,	State and Zip		
confirmed and the b liability of of the mo	d that after the clusiness office of ompany, it is he embers of the linerating agreement	nange or changes are the registered agent reby confirmed that the	d under the laws of the Somade, the Florida street a will be identical. Or, in the change(s) was/were at y or as otherwise provide ity company.	address of he case of athorized l	the registered office a Florida limited by an affirmative vote
		according to a men	1001)		
	as C. Creel				
•	yped name of signee)				1.6 .1
I hereby comply w and I am Chapter (address, I	accept the appoing the provision familiar with an 608, F.S. Or, if the confirm	ntment as registered s of all statutes relati d accept the obligation his document is being that the limited liabi	agent and agree to act in ve to the proper and com ons of my position as regi g filed to merely reflect a lity company has been no	this capa plete perf stered age change in tified in w	city. I further agree to ormance of my duties, ent as provided for in the registered office writing of this change.
	I Registered Agent)				

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