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(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	_
Special Instructions to Filing Officer:	
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PILED 2008 NOV -3 PM 2: 45 SECRETARY OF STATE.

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TO: Registration Section Division of Corporations			
SUBJECT: MEADOWLARK (Name of Lim	LLC nited Liability Company)		
Dear Sir or Madam:			
The enclosed Registered Agent/Registered Office	Change and fcc(s) are submitted for filing	j.	
Please return all correspondence concerning this m	natter to the following:		, :
REMI L VICTOR JR. (Name of Person)		2008 NOV -3 PH 2: 45 SECRETARY OF STATE TALLAHASSEE. FLORIDA	FILE
MEAdoWLARK LLC (Yim/Gompany)		H 2: FLC	O
350 5 COLLIER BLVD.		45 ATE JRIDA	
MARCO ISLAND FL 341 (City/State and Zip Code)	145		
For further information concerning this matter, plea	ase call:		
Remi L Victor Ja at (Name of Person)	3/3) 27 980-767((Arca Code & Daytime Telephone Numb	er)	
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 amo	ount:		
\$25 Filing Fee	S55 Filing Fee & Certified Copy		

INHS18 (5/08)

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. Name of the limited liability company: _ 2. (a) Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) (b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) MAY 13, 2004 3. Date of filing/registration in Florida 5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of States Registered Agent: Registered Office Address: (b) Enter name of NEW Registered Agent and/or NEW Registered Office address: **NEW** Registered Agent: NEW Registered Office Address: (MUST BE FLURIDA STREET ADDRESS) 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) KEMI L VICTOR JA (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 lighted liability company has been notified in writing of this change.

(Signature of Registered Agent)

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