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TRANSMITTAL LETTER

CONSOLIDATED HOLDINGS, LLC. TO: Registration Section Division of Corporations P.O. Box 236 Land O'Lakes, FL. 34639 SUBJECT: (Name of Limited Liability Company) The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: WILLIAM E. GERRELL IV P.O. BOX 236 LANDIAME OF PESSON SACO (Firm/Company) CONSOLIDATED HOLDINGS, LLC. P.O. Box 236 Land O'Lakes, FL. 34639 (Address) (City/State and Zip Code) For further information concerning this matter, please call: Enclosed is a check for the following amount: \$60.00 Filing Fee, Certificate of Status &

STREET ADDRESS:

□ \$25.00 Filing Fee

Registration Section Division of Corporations 409 E. Gaines Street Tallahassee, Florida 32399

☐ \$30.00 Filing Fee &

Certificate of Status

MAILING ADDRESS:

Certified Copy

(additional copy is enclosed)

☐ \$55.00 Filing Fee &

Certified Copy

(additional copy is enclosed)

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CONSOLIDATED HOLDINGS, LLC.

P.O. Box 236

Land O'Lakes, FL. 34639

(Present Name) (A Florida Limited Liability Company)

FIRST:	The articles of organization were filed on Tune 14th 2004 and assigned document number 10 4000 44883	
SECOND:	liability company: A though in physical Ashers!	<i>5</i> ;
3	37303 Hickory Hill Love, Rode Wity, FL. 33:	
	A Change in Owner ship of membership o	nd
Mo	onford of the LLC. to: William E. ber, My Mangen !	Pell III
	William E. Gerre	// 711
Dated	12/26 04 Frank L. Roben blatt Steave Jocobson	
	Million E. Borned a nonto	
	Signature of a member or authorized representative of a member	
	WILLIAM E. GERRELLIV	
	Typed or printed name of stonee	
	ALC S	

Filing Fee: \$25.00

PILED

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SECRETARY OF ST

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:	CONSOLIDATED HOLD	INGS, LLC. ,
0 m 11 11 C4 11 14 11 11 11 11 11 11 11 11 11 11 11	P.O. Box 236	•
2. The mailing address of the limited liability company is:_	Land O'Lakes, FL. 34639	<u> </u>
		·
_ June 14th 2004	184 0000	44883
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:	address as shown on the reco	rds of the
Name	Lee BOX 236	
Address	THE PERSON AND THE SAME	
City, State and Zi	ip .	
6. The name and address of the new registered agent and/or of	-	2004 SEC
William F. Ge	11 Tu	
	11011	SSE -5
37303 Name HICKO	NV Hill Lone	FILED AN -5 PN 1: 12 ETAKY OF STATE HASSEE, FLORID
Florida street address (P.O. Box)	NOT acceptable)	FLOT
nodo litura	23/-25	
Dade City FL 3 City, State and Zig	272 42	A .0
City, State and Zig	,	
If the limited liability company is not organized under the lar confirmed that after the change or changes are made, the Florand the business office of the registered agent will be identically company, it is hereby confirmed that the change(s) wo of the members of the limited liability company or as otherworthe operating agreement of the limited liability company. (Signature of a member or authorized representative of a member)	rida street address of the regis al. Or, in the case of a Florid was/were authorized by an affi vise provided in the articles of	stered office
Little Land E Charlett. IV		e f
(Printed or typed name of signee)		
I hereby accept the appointment as registered agent and agr comply with the provisions of all statutes relative to the prop and I am familiar with and accept the obligations of my posit Chapter 608, F.S. Or, if this document is being filed to mere address, I hereby confirm that the limited liability company h	ee to act in this capacity. I fu er and complete performance tion as registered agent as pro ly reflect a change in the regi has been notified in writing of	ırther agree to of my duties, ovided for in istered office this chänge.

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

FILING FEE: \$25.00