## 

EAC HOLDINGS, L.L.C.  3481 SE COURT DRIVE  STUART, FL 34997
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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03/21/05--01073--015 \*\*25.00

## 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.

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1. The name of the limite	d liability compa	any is: EAC Ho	oldings, LLC	<del></del>	<u> </u>	
2. The mailing address of	the limited liabi	ility company is:			^	
3481 SE COURT DRIV	/E, STUART, F	L 34997				
July 19, 2004		L04000053460				
3. Date of filing/registration in Florida		<del></del>	4. Document number			
5. The name of the registe Florida Department of S	red agent and the State: NORMAN, KE	-	e address as shown o	n the records of the		
	2400 SE FED	Name DERAL HIGHWA	AY, 4TH FLOOR			
	STUART, FL	Address 34994 City, State and 2	Zin			
6. The name and address of	of the new registe	-	_			
	DIANE K BEF	RKHOLTZ		2005 HAR 21	i d ⊶	
,	3481 SE COL	Name JRT DRIVE		F7. 1		
•	Florida street a	address (P.O. Box	NOT acceptable)	AH II: 03		
	STUART,	FL 349	97	03		
	(	City, State and Zi	p			
If the limited liability com confirmed that after the ch and the business office of liability company, it is her the members of the limited the operating agreement of the operation	tange or changes the registered ag eby confirmed the liability compa f the limited liab	are made, the Flent will be identional the change(s) my or as otherwise ility company.	orida street address of cal. Or, in the case of was/were authorized	of the registered office of a Florida limited by an affirmative vote	of.	
DIANE K BERKHOLTZ	, MANAGER					
(Printed or typed name of signee)			_			
I hereby accept the appoint comply with the provision, and I am familiar with and Chapter 608, F.S. Or, if the address, I hereby confirm	ntment as registes of all statutes related to the oblivities of the oblivities and the limited leads to the lead	ered agent and agelative to the progrations of my posterions filed to mentionallity company	gree to act in this cap per and complete pe ition as registered a rely reflect a change has been notified in	vacity. I further agree of rformance of my duties gent as provided for in in the registered office writing of this change.	to i	
Angnature of Registered Agent)	Mind of the second	<del></del>				
Divisio	n of Corporatio	hs. P.O. Box 632	27. Tallahassee. FL	32314		

**FILING FEE: \$25.00**