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(Re	equestor's Name)	
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(Ad	ldress)	
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(nu	u/e38)	
(Cit	ty/State/Zip/Phone#)
PICK-UP	WAIT	MAIL
<i>(13.</i>)	ninnas Entitu Nama	
(Đu	siness Entity Name	,
(Do	cument Number)	
Certified Copies	Certificates of	f Status
		
Special Instructions to	Filing Officer:	
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07/05/05--01038--011 **25.00

OS JUL -S PM 1: 04
SECRETARY OF STATE



FILING REQUEST

July 1, 2005

FLORIDA SECRETARY OF STATE

Type of Filing:

CHANGE OF AGENT

Subject(s):

SALAMANDER PALM BEACH, LLC

Form(s) Enclosed:

STATEMENT OF CHANGE OF REGISTERED OFFICE/AGENT

Supporting Document(s):

NONE

Check Enclosed:

CHECK #19644 FOR \$25.00

Return Via:

REGULAR MAIL .

Filing Method:

ASAP

05 JUL -5 PM 1: 04

PLEASE RETURN TO:

PREMIER CORPORATE SERVICES, INC.

590 PARK STREET, SUITE 6

ST. PAUL, MN 55103

Please call me at 1-800-227-1256 if there are any questions.

Thank you!

Jackie Sorman

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 lie	ability company is: Sa	llamander Palm B	leach, LLC	
2. The mailing address of the	limited liability comp	any is :		·
100 West Washington Street, M	iddleburg, VA 20117		<u> </u>	
8/17/2004		L0400	0061005	
3. Date of filing/registration	in Florida	4. Doo	cument number	
5. The name of the registered Florida Department of State	agent and the registere	ed office address	as shown on the reco	ords of the
Va	ldes-Fauli Corporate Ser	vices, Inc.		
		ame		<i>-</i>
77	7 South Flager Drive, Su	ite 500 East		
		dress		
We	est Palm Beach, FL 3340	11	. 1 .	
- 		te and Zip		Do 0
6. The name and address of the	e new registered agent	and/or office:	non-parties (1) beautiful to the control of the con	S JUL
NR.	Al Services, Inc.		Park section Park	TAR J
273	Nan 1 Executive Park Drive,			SEE.
7 	orida street address (P			
T. s	orida sirect addices (F.	.O. DOX NOT AC	echtaole)	H: 05 FLORIE
We	ston F	L 33331		高州 访
	City, State			>
If the limited liability companion confirmed that after the chang and the business office of the liability company, it is hereby the members of the limited lia the operating agreement of the	e or changes are made registered agent will be confirmed that the cha bility company or as o	, the Florida stre e identical. Or, i inge(s) was/were therwise provide	et address of the regine in the case of a Florid e authorized by an aff	stered office la limited irmative vote of
XMULA AMA	sm	_		
(Signature of a member of authorized r	epresentative of a member)			
Sheila Johnson, Manager of Sal	amander Farms, LLC, its	Member		2
(Printed or typed name of signce)			•	
I hereby accept the appointm comply with the provisions of and I am familiar with and ac Chapter 608, F.S. Or, if this a address, I hereby confirm that NDAI Septices, Inc.	ent as registered agent all statules relative to cept the obligations of document is being filed the limited liability co	t and agree to act the proper and c my position as t i to merely reflec ompany has been	et in this capacity. I fo complete performanc registered agent as pr ct a change in the reg n notified in writing o	urther agree to e of my duties, ovided for in istered office f this change.
(Signature of Registered Avents Jackie Sorman, Assistant Secre Division of	tary Corporations, P.O. I	Box 6327, Tallal	hassee, FL 32314	
	· err enion	PER - PAE - AP		

FILING FEE: \$25.00

INHS18(10/99)