104000076056

(Re	questor's Name)			
(Ad	dress)			
(Ad	dress)			
(Cit	y/State/Zip/Phone	e #)		
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J. BRYAN JUN 2 2 2006

COVER LETTER

Division of Corporations		
SUBJECT: Cypress Equipment LLC (Name of I	Limited Liability Company)	
Dear Sir or Madam:		
The enclosed Registered Agent/Registered C	Office Change and fee(s) are submitted for filing.	
Please return all correspondence concerning	this matter to the following:	
-	•	
Douglas S. Peeples		
(Name of Person)		
		0
Cypress Equipment LLC (Firm/Company)		90 N
(TameCompany)		SE S
3267 Progress Dr		20 COR
(Address)		PH L
Orlando, Fl. 32826		DIVISION OF CORPORATIONS DIVISION 20 PM 4: 47
(City/State and Zip Code)		O.
For further information concerning this matter	ter, please call:	,
Douglas S. Peeples	at (407) 382-5992	
(Name of Person)	_ at (407) 382-5992 (Area Code & Daytime Telephone N	Number)
,		Ź
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	ng amount:	
\$25 Filing Fee	✓ \$55 Filing Fee & Certified Copy	

INHS18 (8/05)

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 compa	ny is: Cypress Equipment LLC	•
2. The mailing address of the limited liabi	lity company is : 3267 Progress Dr	
Orlando, Fl. 32826		
10/20/2004	L04000076056	
3. Date of filing/registration in Florida	4. Document number	
5. The name of the registered agent and the Florida Department of State:	e registered office address as shown on the re	ecords of the
Douglas S. F	Peeples Peeples	
	Name	a a
14197 Deljeai	n Cir.	6 26
	Address	<u>_</u>
Orlando, Fl. 3	2828	王朝
	City, State and Zip	2 9型
6. The name and address of the new register	ered agent and/or office:	OF JUN 20 PH 4: 47
. Darryl F. How	vard principal address is:	艺
	Name	الله الله الله الله الله الله الله الله
3267 Progress	s Dr	
Florida street a	ddress (P.O. Box NOT acceptable)	
Orlando,	FL 32826	<u>-</u>
(City, State and Zip	
confirmed that after the change or changes and the business office of the registered ag liability company, it is hereby confirmed the	nized under the laws of the State of Florida, is are made, the Florida street address of the regent will be identical. Or, in the case of a Floward the change(s) was/were authorized by an impany or as otherwise provided in the articles iability company.	egistered office orida limited affirmative vote

Douglas S. Peeples

(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 limited liability company has been notified in writing of this change.

(Signature of Registered Agent)

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