## 104000080756

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TALL'AHASSEE, FLORID

## **COVER LETTER**

TO: Registration Section Division of Corporations				
SUBJECT: Marsh Road Ridge, LLC				
	Limited Liability Company)			
Dear Sir or Madam:				
The enclosed Registered Agent/Registered O	Office Change and fee(s) are submitted for filing.			
Please return all correspondence concerning	this matter to the following:			
Nord L. Johnson				
(Name of Person)				
Nord L. Johnson, P.A.				
(Firm/Company)	<del></del>			
105 E. Church Street				
(Address)				
DeLand, FL 32724				
(City/State and Zip Code)				
For further information concerning this matte	er, please call:			
Nord L. Johnson	at (386 ) 738-3411			
(Name of Person)	(Area Code & Daytime Telephone Number)			
STREET/COURIER ADDRESS:	MAILING ADDRESS:			
Registration Section	Registration Section			
Division of Corporations  Clifton Building	Division of Corporations P.O. Box 6327			
2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee, Florida 32314			
Enclosed is a check for the following	g amount:			
\$25 Filing Fee	\$55 Filing Fee & Certified Copy			

## 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 limit	ed liability company	is: MARSH ROAD I	RIDGE, LLC			
2. The mailing address of	f the limited liability	company is : 378	0 Grand Avenue, DeL	and, FL	32720	<u> </u>
						<u> </u>
11/01/04		LO	04000080756			
3. Date of filing/registrat	tion in Florida	4.	Document number			
5. The name of the regist Florida Department of		gistered office add	lress as shown on the	e records	of the	;
•	Jenifer L Beemer	-				
		Name				
,	3780 Grand Avenu					
		Address		<b>z</b>	_	
	DeLand, FL 3272			ESE SES	90	
	Cil	ty, State and Zip		A∺	AUG	
6. The name and address	of the new registered	l agent and/or offic	ce:	ASS ASS	3	( care
	Nord L Johnson			Y OF STAT	P	
		Name		S. 1.		( E E
	105 E Church Stree	et		82	<del>:</del> 3	
	Florida street addr	ess (P.O. Box NO	T acceptable)	ACE A	3	
	DeLand	FL 32724		· 		
	City	, State and Zip				
If the limited liability corconfirmed that after the cand the business office of liability company, it is he of the members of the lir or the operating agreement (Signatur of a member or author (Printed or typed name of signee)	hange or changes are the registered agent reby confirmed that the nited liability compant of the limited liability companies of the liability	made, the Florida will be identical. the change(s) was, ny or as otherwise lity company.	a street address of the Or, in the case of a I were authorized by	e register Florida li an affirm	ed off mited ative	vote
I hereby accept the appo comply with the provision and I am familiar with an Chapter 608, F.S. Or, if address, I hereby confirm	intment as registerea is of all statules relat d accept the obligati this document is bein that the limited liab	l agent and agree is ive to the proper of my position g filed to merely relity company has	to act in this capacit ind complete perfori as registered agent eflect a change in th been notified in writ	y. I furth nance of as provid the register ing of the	ier ag my di ded fo red of is chai	ree to ities, r in fice nge.

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

(Signature of Registered Agent)