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COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: Sugarmill Properties, LLC (Name of Limited	Liability Company)		
Dear Sir or Madam:			
The enclosed Registered Agent/Registered Office C	change and fee(s) are submitted for filing.		
Please return all correspondence concerning this ma	atter to the following:		
Frank Pohl, Esq. (Name of Person)			
Pohl & Short, P.A. (Firm/Company)			
P.O. Box 3208			
(Address)			
Winter Park, FL 32790			
(City/State and Zip Code)			
For further information concerning this matter, plea	se call:		
Frank Pohl, Esq. at (4 (Name of Person)	07 647-7645 (Area Code & Daytime Telephone Number)		
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 amount	unt:		
 ✓ \$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 limited	Llighility og mangy ig	. Sugarmill P	roperties LLC		
1. The name of the limited		-			
2. The mailing address of	the limited liability o	company is: $\frac{1}{2}$	1138 Bridge Hous	3e Ra.,	
Windermere FL 34786-0)106				
11/30/2004			L04000086017		
3. Date of filing/registration	on in Florida		4. Document numi	per	
5. The name of the register Florida Department of S		istered office a	address as shown or	n the records of the	
•	Eric H. Sommer	r, Esq.			
•		Name			
1231 N. Orange Ave., Ste. B					
	O-1	Address			
<u>-</u>	Orlando, FL 3280	, State and Zip			
	-	•		7. O	
6. The name and address of	the new registered a	agent and/or o	ffice:	05 S	
	Pohl & Short, P.A	۸.		E SP T	
_		Name		30 =	
<u> 2</u>	280 W. Canton Av	ve., Ste. 410)	स्त्र च्या	
	Florida street addres	ss (P.O. Box N	OT acceptable)	Prage Pro	
1	Ninter Park	FL 3279	Λ	P 30 PM 2: 07 HASSEE FLORIDA	
_		State and Zip	<u> </u>	——————————————————————————————————————	
If the limited liability composition of the character of the character of the business office of the liability company, it is here of the members of the limit or the operating agreement	ange or changes are not the registered agent we by confirmed that the	nade, the Flor vill be identica le change(s) w	ida street address o l. Or, in the case o as/were authorized	f the registered office f a Florida limited by an affirmative vote	
(Signature of a member or authorize	ed representative of a memb	ber)			
Gary A. Jensen					
(Printed or typed name of signee)					
I hereby accept the appoint comply with the provisions and I am familiar with and Chapter 608. F.S. if the address, I hereby confirm to (Signatufelof Registered Agent)	tment as registered a of all statutes relativ accept the obligation is document is being hat the limited liabili	agent and agree we to the prope ns of my positi filed to merel ity dompany h	ee to act in this cap er and complete per ion as registered ag y reflect a change i as been notified in	acity. I further agree to formance of my duties, rent as provided for in the registered office writing of this change.	
Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314					

FILING FEE: \$25.00