## L0400093149

2005 JUN 27 P 12: 49
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## **COVER LETTER**

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**TO:** Amendment Section Division of Corporations

2005 JUN 27 P 12: 49

SUBJECT: Tifton Land, Inc.

SECRETARY OF STATE TALL ANASSEE, FLORIDA

(Name of corporation)

DOCUMENT NUMBER: P04000172881

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

	(Name of contact person)	
elly B. Mathis, I	⊃.A.	
	(Firm/Company)	
225 Water Str	eet, Suite 1280	
	(Address)	

Jacksonville, FL 32202
(City/state and zip code)

For further information concerning this matter, please call:

James T. Murphy

James T. Murphy at (904) 854-0550

(Name of contact person) (Area code & daytime telephone number)

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

liability company submits the following statemen agent, or both, in the State of Florida.	or 608.508, Florida Statutes, the undersigned limited Date in order to change its registered office or registered
1. The name of the limited liability company is:	Aldous Executive Partnership Group? 45 clip 27 P 12: 49
	mpany is: 314 SW Mentor Court, Lake Gity, FLRY OF STATE
12/23/2004	L04000093149
3. Date of filing/registration in Florida	4. Document number
5. The name of the registered agent and the registe Florida Department of State:  Hamilton A. Cooke	ered office address as shown on the records of the
1301 Riverplace Bou	
Jacksonville, FL 3226	Address 207 State and Zip
6. The name and address of the new registered age	ent and/or office:
James T. Murphy, Es	sq
225 Water street, Sui	ame lite 1280
Florida street address (	(P.O. Box NOT acceptable)
Jacksonville,	FL 32202
City, Sta	ate and Zip
and the business office of the registered agent will liability company, it is hereby confirmed that the conf	de, the Florida street address of the registered office be identical. Or, in the case of a Florida limited change(s) was/were authorized by an affirmative vote of sotherwise provided in the articles of organization or impany.

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** 

INHS18(10/99)