L05000002514

| (Requestor's Name) |
|---|
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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SECRETARY OF STATE

T. HAMPTON

MAR 2 5 2008

EXAMINER

EPPERSON & RICH, P.A.

Attorneys-At-Law 8401 J.R. Manor Drive, Suite 100 Tampa, Florida 33634



TELEPHONE: (813) 886-8500 FACSIMILE: (813) 258-0544

JOEL R. EPPERSON
BOARD CERTIFIED CIVE. TRIAL LAWYER

SANDRA EPPERSON RICH ATTORNEY-AT-LAW * L.L.M. TAXATION

March 20, 2008

State of Florida Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

RE: E & A Investment Group, L.L.C.

Dear Sir or Madam:

The following documents are submitted for filing:

Registered Agent Change

Resignation of Manager/Member

The fees for these filings are \$25.00 each, so I enclose my firm's check for \$50.00.

Please return all correspondence regarding this matter to:

Joel R. Epperson, Esquire Epperson & Rich, P.A. 8401 J.R. Manor Dr., Ste. 100 Tampa, FL 33634

For further information you may contact Joel R. Epperson, Esquire at (813) 886-8500.

Thank you for your prompt attention to this matter.

Sincerely,

JRE/me

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY reward to the provisions of sections 608 416 or 608 508. Florida Statutes, the undersigned limit

| liability company submits the foll | ctions 608.416 or 608.508, Florida Statutes, the undersigned limited owing statement in order to change its registered office or registered ida. |
|--|--|
| 1. The name of the limited liabilit | y company is: E&A INVESTMENT GROUP, L.L.C. |
| 2. The mailing address of the limit | ted liability company is : 2109 W Fore Drive Tampa, FL 33612 |
| <u> </u> | · |
| 01/07/2005 | L05000002514 |
| 3. Date of filing/registration in Flo | orida 4. Document number |
| 5. The name of the registered agen Florida Department of State: | at and the registered office address as shown on the records of the |
| Mark E | irnst |
| | Name |
| 2109 W | / Fore Drive |
| | Address |
| Tampa, | FL 33612 |
| | City, State and Zip |
| 6. The name and address of the ne | w registered agent and/or office: |
| Ty Acto | w registered agent and/or office: P CORPORATION P |
| ் நகர் கடி கூரை நூர் 4111 Ca | Name Name Name No. 1988 No. 19 |
| | a street address (P.O. Box NOT acceptable) |
| | City, State and Zip |
| confirmed that after the change or and the business office of the regis liability company, it is hereby con | <u></u> |
| (Printed or typed name of signee) | is registered agent and agree to act in this capacity. I further agree to |
| comply with the provisions of all s and I am familiar with and accept Chapter 608, F.S. Or, if this docu address, I hereby confirm that the | the obligations of my position as registered agent as the total the proper and complete performance of my duties, the obligations of my position as registered agent as provided for in ment is being filed to merely reflect a change in the registered office limited liability company has been notified in writing of this change. |
| (Signature of Registered Agent) | |
| Division of Cor | porations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00 |