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SECRETARY OF STATE TALL AHASSEF, FLORID

COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: TY WALKER HOMES, (Name of	LLC Limited Liability Company)		
Dear Sir or Madam:			
The enclosed Registered Agent/Registered	Office Change and fee(s) are submitted for filing.		
Please return all correspondence concerning	g this matter to the following:		
DEVINI NIEVA/MANI			
DEVIN NEWMAN (Name of Person)			
,			
ALL FLORIDA FIRM INC			
(Firm/Company)			
465 S VOLUSIA AVE SUITE C			
(Address)			
ORANGE CITY FLORIDA 32763			
(City/State and Zip Code)			
For further information concerning this ma	tter, please call:		
TYRONE WALKER	at (813) 995-0332		
(Name of Person)	(Area Code & Daytime Telephone Number)		
STREET/COURIER ADDRESS:	MAILING ADDRESS:		
Registration Section	Registration Section		
Division of Corporations	Division of Corporations P.O. Box 6327		
Clifton Building 2661 Executive Center Circle	P.O. Box 6327 Tallahassee, Florida 32314		
Tallahassee, Florida 32301	1 Williamsbook 2 Totale 200 17		
Enclosed is a check for the following	ing 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.

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1. The name of the limit	ed liability company is:	TY WALKE	R HOMES, LLC		<u> </u>	
2. The mailing address of	of the limited liability co	mpany is : 9	42 PENINSULAF	R DRIVE		
LAND O LAKES FL 34						
BAAB O BAACOTE OF					<u> </u>	
01/11/2005			L05000003332			
Date of filing/registrate	tion in Florida		4. Document nun	nber		
5. The name of the regist Florida Department of		tered office	address as shown o	on the records of	the	
•	WALKER, TYRO	NE A				
		Name	****	•		
	3942 PENINSULAR	R DRIVE				
		Address				
	LAND O' LAKES FI			C-1 1-44		
	City,	State and Zi	p	PE B		
6. The name and address	of the new registered ag	gent and/or o	ffice:	2007 JUN 27 PM : SECRETARY OF S TALLAHASSEE.FL	17	
	ALL FLORIDA FIR	M INC		27 A.S.S		
		Name		E. F. PA		
	465 S VOLUSIA AV	<u>/E SUITE (</u>	<u> </u>			
	Florida street address	(P.O. Box N	OT acceptable)	M 3: 31 F STATE FLORID/		
	ORANGE CITY	FL 3276	3	DE -	-	
	City, S	tate 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 lire or the operating agreements (Signature of a member or author)	thange or changes are mention in the registered agent with the registered that the mited liability company of the limited liability	ade, the Flor ill be identicated change(s) we or as otherway company.	ida street address al. Or, in the case as/were authorize	of the registered of a Florida limit d by an affirmati	office ted ve vote	
(Printed or typed name of signee	Chirian	,, , , _, , ,				
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 registered as is of all statutes relative ad accept the obligations this document is being for that the limited liability	gent and agree to the prope s of my posit iled to merel y company h	ee to act in this ca er and complete pe ion as registered a y reflect a change as been notified in	pacity. I further erformance of my agent as provided in the registered a writing of this c	agree to duties, for in office hange.	
(Signature of Registered Agent)	MUYNUX)					

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

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

- 1. The name of the corporation is: TY WALKER HOMES, LLC
- 2. The principal office address: 3942 PENINSULAR DRIVE LAND O LAKES FL 34639
- 3. The mailing address (if different): PO BOX 2234 LAND O' LAKES FL 34639
- 4. Date of incorporation/qualification: 01/11/2005 Document Number: L05000003332
- 5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

WALKER, TYRONE A 3942 PENINSULAR DRIVE LAND O' LAKES FL 34639 US

6. The name and street address of the new registered agent (if changed) and/or registered office (if changed):

> ALL FLORIDA FIRM, INC. 465 S Volusia Av. Suite C Orange City, FL 32763

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so

authorized by the board, or the corporation has been notified in writing of the change. WWMQA Date: WIGIST Signed by Devin Newman as assistant secretary of All Florida Firm Inc, attorney-in-fact for WALKER, TYRONE A who is PRES of TY WALKER HOMES, LLC pursuant to an power of attorney form completed on 6-6-2007.

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 an accept the obligation of my position as registered agent. Or if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

9Man Date: 10119107

Signed by Devin Newman as assistant secretary of All Florida Firm Inc., Registered Agent

* * * FILING FEE: \$35.00 * * *