## L05000009811

(Re	equestor's	s Name)		
(Ac	dress)			
(Ac	ddress)			
(Ci	ty/State/Z	(ip/Phone #)		
PICK-UP	□ v	VAIT	MAIL	
(Business Entity Name)				
(Do	ocument	Number)		
Certified Copies	_ Ce	ertificates of	Status	
Special Instructions to	Filing Of	ficer:		
Name Availabilit <b>y</b>	·· <del>···································</del>			
Document	<del></del>			
Examiner	DCC	Use Only		
Updater	DOC			
Updater Verifyer	DCC			
Ackno://ledgement	DCC			
W. P. Verifyer	DCC	<u>!</u> !		



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SECRETARY OF STATE

## **COVER LETTER**

Division of Corporations			
SUBJECT: Halifax River Partne (Name of I	ers, 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:		
Wayne S. Gove			
(Name of Person)			
Halifax River Partners, LLO	<u>C</u>		
2970 S. Atlantic Avenue			
(Address)			
Daytona Beach Shores, FL 321	118		
(City/State and Zip Code)			
For further information concerning this matt	SECRETARY ALLAHASSE:		
Wayne S. Gove	_at (386 ) 547-6049 (Area Code & Daytime Telephone)	j [	
(Name of Person)	(Area Code & Daytime Telephone)		
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	ing amount:		
<b>▼\$25</b> Filing Fee	S55 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 liability company is: Halifax Rive	er Partners, LLC
2. The mailing address of the limited liability company is:	
Daytona Beach Shores, FL 32118	
	_05000009811
	. Document number
5. The name of the registered agent and the registered office ad Florida Department of State:	ldress as shown on the records of the
Gove, Wayne S	<u>Ş.</u>
730 S. Atlantic Ave S	
Address Ormond Beach, FL C City, State and Zip	32176
6. The name and address of the new registered agent and/or off	
Gove, Wayne S	<u>\$.</u>
Name 2970 S. Atlantic Av	venue
Florida street address (P.O. Box No.	
Daytona Beach Shores, FL 3211  City, State and Zip	8
If the limited liability company is not organized under the laws confirmed that after the change or changes are made, the Florid and the business office of the registered agent will be identical liability company it is hereby confirmed that the change(s) was of the members of the limited liability company or as otherwise or the operating agreement of the limited liability company.	s of the State of Floridal fris hereby da street address of the registered office it. Or, in the case of a Florida limited as/were authorized by an affirmative vote se provided in the articles of organization
(Signature of a member or authorized representative of a member)	2년 전투 35
Wayne S. Gove (Printed or typed name of signee)	
I hereby accept the appointment as registered agent and agre comply with the provisions of all statutes relative to the proper and I am familiar with and accept the obligations of my positic Chapter 608, F.S. Or, if this document is being filed to merely address, I hereby confirm that the limited liability company has	
(Signature of Registered Agent)	
Division of Corporations, P.O. Box 6327,	Tallahassee, FL 32314

FILING FEE: \$25.00

INHS18 (8/05)