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COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Walaka Town (Name of Limite	Center Limited Liability d Liability Company) Company	
Dear Sir or Madam:	•	
The enclosed Registered Agent/Registered Office	Change and fee(s) are submitted for filing.	
Please return all correspondence concerning this n	natter to the following:	
Brian M. Mark (Name of Person)	<u>.</u>	
Brian M. Mark, P. (Firm/Company)	A . SECRE SALLAH	
104 M. Church Stre		
KISSIMME Fr 3 (City/State and Zib Code)	4741 STATE OF THE	
For further information concerning this matter, ple	ase call:	
Prian M. Mark at (Name of Person)	(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:		
\$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.

2. The mailing address of the limited liability company is: 4465 Brady Road St. Cloud, Fr. 34772 2/2/05 LOS 00001943 3. Date of filing/registration in Florida 4. Document number 5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State: Tom Arrigoni Name Address Satsum Fr. 30187 City, State and Zip 6. The name and address of the new registered agent and/or office: Bran M. Hark 104 N Church Street Florida street address (P.O. Box NOT acceptable) Kissimmel Fl. 34741 City, State and Zip If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that other the charge are change are made the Floride street address of the secietared of florida.	1. The name of the limited liability company is: Welaka lown Center Limited Compar
3. Date of filing/registration in Florida 4. Document number 5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State: Tom Arrigon Ho Shell Harbur Drive Address Satsuma Florida City, State and Zip City, State and Zip Florida street address (P.O. Box NOT acceptable) City, State and Zip City Sta	2. The mailing address of the limited liability company is: 4465 Brady Road,
3. Date of filing/registration in Florida 4. Document number 5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State: Tom Arrigoni Name Address City, State and Zip 6. The name and address of the new registered agent and/or office: Prian M. Hark Name Name Name Florida street address (P.O. Box NOT acceptable) KISSIMMEL FL 34741 City, State and Zip If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that offer the above or change are made the Florida street address of the registered office.	St. Cloud, FL 34772
5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State: Tom Arrigoni Wante Harbur Drive Satsuma Fr 30187 City, State and Zip City, State and Zip Church Street Florida street address (P.O. Box NOT acceptable) City, State and Zip Cit	2/2/05 L0500001943
Florida Department of State: Tom Arrigoni Name 140 Shell Harbour Drive Address Satsuma FL 30187 City, State and Zip 6. The name and address of the new registered agent and/or office: Brian M. Mark Name 104 N. Church Street Florida street address (P.O. Box NOT acceptable) Kissimmel FL 34741 City, State and Zip If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that offer the above or chooses are made, the Florida street address of the registered office	3. Date of filing/registration in Florida 4. Document number
Name Ho Shell Harbur Drive	Florida Department of State:
City, State and Zip 6. The name and address of the new registered agent and/or office: Brian M. Mark OH N. Church Street State of Florida, it is hereby confirmed that offer the above or shorter are made, the Florida street address of the registered office.	140 Shell Harbour Drive
Florida street address (P.O. Box NOT acceptable) Florida street address (P.O. Box NOT acceptable) Kissimmel, FL 34741 City, State and Zip If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that offer the above or changes are made, the Florida street address of the registered office.	Satsuma FC 30187 PS STORY City, State and Zip
Florida street address (P.O. Box NOT acceptable) Florida street address (P.O. Box NOT acceptable) Kissimmel, FL 34741 City, State and Zip If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that offer the abanda or changes are made, the Florida street address of the registered office.	6. The name and address of the new registered agent and/or office:
City, State and Zip If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that offer the above or changes are made, the Florida street address of the registered office.	Brian M. Mark
City, State and Zip If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that offer the above or changes are made, the Florida street address of the registered office.	104 N. Church Street
If the limited liability company is not organized under the laws of the State of Florida, it is hereby	Florida street address (P.O. Box NOT acceptable)
If the limited liability company is not organized under the laws of the State of Florida, it is hereby	Kissimmel FL 34741
confirmed that after the change or changes are made, the Florida street address of the registered office	City, State and Zip
and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating asceement of the limited liability company.	
(Signature of a member of authorized representative of a member)	

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, thereby confinitely that the limited liability company has been notified in writing of this change.

Mananger mem

(Signature of Registered Agent)

(Printed or typed name of signee) 0