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SECRETARY OF STATE
SECRETARY OF STATE

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

Pursuant to the provisi liability company submi agent, or both, in the Sta	ons of sections 608.41 its the following staten ite of Florida.	l6 or 608.508, Fi nent in order to c	lorida Statutes, hange its regis	the undersig tered office of	ned limited r registered		
1. The name of the limit	ted liability company is	2 Bucks, LLC	>		•		
			mpany is: P.O. Box 630, Eastpoint, Fl 32328				
2/4/2005	L05000013406						
3. Date of filing/registra	4.	4. Document number					
5. The name of the regis Florida Department of			ress as shown o	n the records o	of the		
	Gandra D. Moody	Name					
140 Griffin Avenue							
	Port St. Joe, Flori	Address da 32456 y, State and Zip					
6 The name and address	-	•	· • ·				
6. The name and address	•		.e.	픧			
	Sandra D. Moody	·		F6 55	, aya		
	1752 Lilac Lane	Name		AND II	PT S		
	Florida street addre	ess (P.O. Box NO	T acceptable)	(1) - C C C C C C C C C C C C C C C C C C			
	St. Georgie Island	i _{FL} 32328		A I			
	City,	State and Zip		10.2 10.2			
If the limited liability co- confirmed that after the and the business office of liability company, it is he the members of the limit the operating agreement	change or changes are of the registered agent vereby confirmed that the ted liability company o	made, the Florida will be identical. (he change(s) was/ or as otherwise pro	street address of Or, in the case of were authorized	of the registere of a Florida lir il by an affirma	ed office nited ative vote of		
(Signature of a member or auth	Moody	nber)					
	Joseph San Comment						
Sandra D. Moody (Printed or typed name of signe	re)						
		agent and agree	to act in this ca	pacity. I furth	er agree to		
I hereby accept the app comply with the provision and I am familiar with a Chapter 608, F.S. Or, i address, I hereby confir	ons of all statutes relations of all statutes relationed accept the obligation of this document is being that the limited liabi	ive to the proper of ons of my position g filed to merely r lity company has	and complete per as registered a reflect a change been notified in	erformance of igent as provid in the register writing of thi	my duties, led for in red office s change.		

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

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