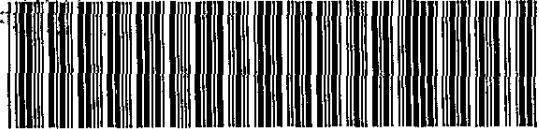


L050000016204

2005 MAY 13 P 1:02

SECRETARY OF STATE
TALLAHASSEE, FL

KEVIN F. SANDERSON, CHARTERED
POST OFFICE BOX 4056
SARASOTA, FLORIDA 34230-4056



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FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

May 24, 2005

KEVIN F. SANDERSON
P.O. BOX 4056
SARASOTA, FL 34230-4056

SUBJECT: AA ACCURACY LEAK DETECTION, LLC
Ref. Number: L05000016204

We have received your document for AA ACCURACY LEAK DETECTION, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

If you have any questions concerning the filing of your document, please call (850) 245-6094.

Agnes Lunt
Document Specialist

Letter Number: 205A00037383

**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: AA ACCURACY LEAK DETECTION, LLC.
2. The mailing address of the limited liability company is: 13712 HEATHER MOSS
DRIVE, UNIT 1301, ORLANDO, FL 32837
2/16/05 LO5000 16204
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:

JAMES J. STEWARD
Name
119 CORPORATION WAY
Address
VENICE FL 34285
City, State and Zip

6. The name and address of the new registered agent and/or office:

KEVIN F. SANDERSON, ESQUIRE
Name
677 N. WASHINGTON BLVD, STE 45,
Florida street address (P.O. Box NOT acceptable)
SARASOTA, FL 34236
City, State and Zip

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office 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 agreement of the limited liability company.

[Signature]
(Signature of a member or authorized representative of a member)

KEVIN F. SANDERSON, ESQUIRE
(Printed or typed name of signer)

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, I hereby confirm that the limited liability company has been notified in writing of this change.

[Signature]
(Signature of Registered Agent)

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314