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SECRETARY OF STATE AND THE SECRETARY OF STATIONS



COVER LETTER

TO: Registration Section Division of Corporations				
SUBJECT: Petway Real Estate, LLC (Name of L	imited Lia	bility Company)		
Dear Sir or Madam:				
The enclosed Registered Agent/Registered C	Office Chan	ge and fee(s) are submitted f	or filing.	
Please return all correspondence concerning				
G. Alan Howard, Esq.				
(Name of Person)			22 ≘	
Milam Howard Nicandri Dees & Gillam (Firm/Company)	1, P.A.	·	SECRETARY DIVISION OF TO 2006 AUG 16	
14 East Bay Street			CERT S	
(Address)			2: 48	
Jacksonville, FL 32202			&	
(City/State and Zip Code)				
For further information concerning this matte	er, please ca	all:		
G. Alan Howard	at (904) 357-3660		
(Name of Person)	-	(Area Code & Daytime Te	elephone Number)	
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	R D P	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Fallahassee, Florida 32314		
Enclosed is a check for the following	ig 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.

1. The name of the limited	liability compar	ny is: Petway Real	l Estate, LLC	
2. The mailing address of t	he limited liabil	lity company is:		
5011 Gate Parkway, Suite 15	50, Jacksonville,	FL 32256	·	
2/18/05			L05000017015	
3. Date of filing/registration in Florida			4. Document number	
5. The name of the register Florida Department of St		registered office	address as shown on the	he records of the
<u>.</u>	Vilam Howard	Nicandri Dees	& Gillam, P.A.	· 2 º
	200 11 11 1	Name	^	
2	208 North Laura	a Street, Suite 80 Address	<u> </u>	SECRETARY IVICION OF CO
Jacksonville, FL 32202				S PAR
		City, State and Z	ip •	žio e
6. The name and address of	the new registe	ered agent and/or	office:	PH 2:
	/lilam Howard	Nicandri Dees &	Gillam, P.A.	TATE NECESSARY
_		Name	<u> </u>	3
<u>_1</u>	4 East Bay Stre	eet	<u> </u>	,
	Florida street a	ddress (P.O. Box	NOT acceptable)	
ل	lacksonville	FL 3220		<u> </u>
	C	City, State and Zip)	
If the limited liability comp confirmed that after the cha and the business office of the liability company, it is here of the mornbers of the limi or the operating agreement	inge or changes he registered ago by confirmed the ted (jability conformed by the limited by the	are made, the Flo ent will be identic that the change(s) a appropriate of the company.	orida street address of the case of a	he registered office a Florida limited
(Signature of a member or authorize	ed representative of a	member)		
G. Alan Howar d (Assistant	Secretary)	<u> </u>		
(Printed or typed name of signee)				
I hereby accept the appoint comply with the provisions and I am familiar with and Chapter 108, F.S. Or, if the address II hereby confirm to	tment as registe of all statules r accept the oblig is document is t hat the limited l	red agent and agelative to the projections of my positions of my positions filled to mere tability company	ree to act in this capac per and complete perfo ition as registered agen ely reflect a change in the has been notified in wr	rity. I further agree to rmance of my duties, it as provided for in the registered office riting of this change.
(Signature of Registered Agent)				

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