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SECRETARY OF STATE AND ANASSEE, FLORIDA

COVER LETTER

| TO: | Registration Section Division of Corporations | | |
|--------|--|---|---|
| SUBJ | ECT:1219 West Tharpe, LLC | The Mark Little Comment | |
| | (Name of | Limited Liability Company) | |
| Dear S | Sir or Madam: | | |
| The en | nclosed Registered Agent/Registered | Office Change and fee(s) are submitted for | filing. |
| Please | return all correspondence concerning | g this matter to the following: | |
| Robe | ert S, Hightower, Attorney | | |
| | (Name of Person) | | |
| Hight | tower Law Firm | | |
| | (Firm/Company) | - | |
| P.O. | . Box 4165 | | |
| | (Address) | · | |
| Tal: | lahassee, Florida 32315 | | ZOS TALLI |
| | (City/State and Zip Code) | | AR 品 |
| For fu | rther information concerning this ma | tter, please call: | NOS DEC 23 P SECRETARY OF S TALLAHASSEE, FL |
| Robe | ert S. Hightower | at (850) 222-3363 | 2: 2 STAT |
| | (Name of Person) | (Area Code & Daytime Tele | phone 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 follow | ing amount: | |
| | X \$25 Filing Fee | S55 Filing Fee & Certified Cot | ov |

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 | l liability company is: 1219 West Tharpe, LLC | <u> </u> |
|--|---|---|
| | the limited liability company is : 602 North Mern | |
| Plant City, Florida | | |
| March 4, 2005 | L0500002204 | <u> </u> |
| 3. Date of filing/registration | ······ | |
| | red agent and the registered office address as shown | on the records of the |
| | Name 167 Peck Cawthon Road | _ – |
| | Address DeFuniak Springs, Florida 32435 City, State and Zip | <u>.</u> |
| 6. The name and address o | f the new registered agent and/or office: | |
| | Robert S. Hightower | _ |
| | Name 241 East Virginia Street | · · · · · · · · · · · · · · · · · · · |
| - | Florida street address (P.O. Box NOT acceptable) | |
| | Tallahassee _{FL} 32301 | TAS 7 |
| | City, State and Zip | |
| confirmed that after the ch and the business office of ch liability company, it is here of the members of the lim or the operating agreement | pany is not organized under the laws of the State of ange or changes are made, the Florida street address he registered agent will be identical. Or, in the case by confirmed that the change(s) was/were authorized ited liability company or as otherwise provided in the of the limited liability company. | of the registered office to a florida-kmited ed by an affirmative vote |
| James H. Prescott | _ | |
| (Printed or typed name of signee) I hereby accept the appoint the provisions and I am familiar with and Chapter 608, F.S. Or, if the address, I hereby confirm the confirm of the provisions of Registered Agent) | ntment as registered agent and agree to act in this confall statutes relative to the proper and complete process the obligations of my position as registered is document is being filed to merely reflect a change that the limited liability company has been notified in the limited liability company has been notified liability company has liability company has been notified liability company has liability company has been notified liability company has been notified liability company has | spacity. I further agree to verformance of my duties, agent as provided for in e in the registered office n writing of this change. |

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