## (050000a3405

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## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: Iron Horse Touring, LLC (Name of L	Limited Liability Company)
Dear Sir or Madam:	
The enclosed Registered Agent/Registered C	Office Change and fee(s) are submitted for filing.
Please return all correspondence concerning	this matter to the following:
Donald Blaze (Name of Person)	
FRON HORSE TOURING LLC (Firm/Company)	2006 OCT -3 AH IO: 57 SECRETARY OF STATE TALLAHASSEE, FLORID;
2105 MARSH RD. (Address)	
(Addiess)	TORK TO STATE
DELAND FL 32724 (City/State and Zip Code)	——————————————————————————————————————
For further information concerning this matter	er, please call:
DONALD BLAZE (Name of Person)	at ( 352 ) 428 - 0617  (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 followin	ng amount:
\$25 Filing Fee	S55 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 limits	ed liability company is	: Iron Horse Touring, LLC	
•	-	ompany is : 2105 Marsh Road	Deland, FL 32724
March 8, 2005		L05000023405	
3. Date of filing/registrat	ion in Florida	4. Document nur	nber
5. The name of the regist Florida Department of		stered office address as shown	on the records of the
1	Daniel S. Friebis	EA, ATA, ATP	
		Name	•
	3890 Turtle Creek	Drive Suite B	_
		Address	•
	Port Orange, FL 3	2127	
	City	, State and Zip	
6. The name and address	of the new registered a	agent and/or office:	701 12. 10.
	Kierzynski	& Associates	FORETARY SECRETARY ALLAHASSI
		J Associates Name GAL Way	
	5143 COMMERC	ial Way	SAR
	Florida street addres	ss (P.O. Box NOT acceptable)	
	>pains Hil	FL 34606 State and Zip	
	City,	State and Zip	FILES  06 OCT -3 AM IO: 57  EGRETARY OF STATE LLAHASSEE.FLGRID!
confirmed that after the c	hange or changes are r	under the laws of the State of I made, the Florida street address will be identical. Or, in the case e change(s) was/were authorize y or as otherwise provided in the ty company.	Florida, it is hereby of the registered office of a Florida limited
(Signature of a member or author	<u> ~</u>		
(Signature of a member or author	rized representative of a memb	ber)	
DONALD BLAIR			
(Printed or typed name of signee	•		
I hereby accept the appo comply with the provision and I am familiar with an Chapter 608, F.S. Or, if address, I hereby confirm	intment as registered as of all statutes relatived accept the obligation this document is being that the limited liabil	agent and agree to act in this cover to the proper and complete p ns of my position as registered filed to merely reflect a change ity company has been notified i	spacity. I further agree to erformance of my duties, agent as provided for in e in the registered office n writing of this change.
(Signature of Registered Agent)			

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