

L050000026679

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(Address)

(Address)

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

KARO

JUN 15 2006

**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: Lightning Manufactured Homes, LLC.
2. The mailing address of the limited liability company is : 30020 Highway 27 South,
Lake Hamilton, Florida 33851

3/17/2005

L05000026679

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:

Kathleen S. Zayas

Name

30020 Highway 27 South

Address

Lake Hamilton, Florida 33851

City, State and Zip

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

Tammy L. Lawson

Name

3438 Tower Overlook Drive

Florida street address (P.O. Box NOT acceptable)

Lake Wales FL 33859

City, State and Zip

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.

Tammy L. Lawson
(Signature of a member or authorized representative of a member)

Tammy L. Lawson

(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.

Tammy L. Lawson
(Signature of Registered Agent)
TAMMY L. LAWSON

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

FILING FEE: \$25.00

INHS18 (8/05)



Elisa J. McKinnon
Elisa J. McKinnon
MY COMMISSION# DD189142 EXPIRES
March 11, 2007
BONDED THRU TROY FAIN INSURANCE, INC.

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