L050000932332

SECRETARY OF STATE TALLAHASSEE, FLORIDA

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COVER LETTER

_	istration Section sion of Corporations		FILED	
~~~	sion of corporations		2006 FEB 13 A 10: 13	
SUBJECT:	•	Limited Liability Company)	TACURETARY OF STATE	
Dear Sir or	Madam:			
The enclose	ed Registered Agent/Registered	Office Change and fee(s) are	submitted for filing.	
Please retur	n all correspondence concerning	g this matter to the following	:	
Mike Tre	worgy			
	(Name of Person)	_		
T&TGr	oup, LLC			
	(Firm/Company)			
P.O. Box				
	(Address)			
Punta Gor	rda, FL 33951-0550			
	(City/State and Zip Code)			
For further i	information concerning this mat	ter, please call:		
Mike Trev	vorgy	at (941) 505-214	1	
	(Name of Person)		Daytime Telephone Number)	
Regis Divis Clifto 2661	EET/COURIER ADDRESS: stration Section sion of Corporations on Building Executive Center Circle shassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314		
Encl	losed is a check for the followi	ng amount:		
<b>✓</b> \$2	25 Filing Fee	\$55 Filing Fee & Certified Copy		

INHS18 (8/05)

## 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 lia	ibility company i	S: T& T GROU	JP, LLC	FILED
2. The mailing address of the	limited liability	company is:_	P.O. Box 510550,	2001 EED
PUNTA GORDA, FL 33951	-0550	·		2006 FEB 13 A 10: 13
			<del></del>	SECRETARY OF STATE TALLAHASSEE, FLORIDA
3/30/2005			L05000032332	THOSEE, FLORIDA
3. Date of filing/registration i	n Florida		4. Document num	ber
5. The name of the registered Florida Department of State	agent and the reg	sistered office	address as shown o	n the records of the
	homas J. Trewe	orgy		
		Name		
3	1301 Oil Well Ro			
n	tunto Gordo El	Address		
	runta Gorda, FL City	y, State and Zi	<del>p</del>	
6. The name and address of th	•	•	•	
•		<u> </u>		
<u>N</u>	like Treworgy			
6.	161 Riverside Dr	Name ive		
<del>_</del> -	orida street addre	<del></del>	NOT acceptable)	
Р	unta Gorda	FL 3398	2-1555	
		State and Zip		<del></del>
If the limited liability companion confirmed that after the chang and the business office of the liability company, it is hereby of the members of the limited or the operating agreement of (Sighature of a member or althorized reference).	e or changes are registered agent vectoristered agent vectorists that the liability companthe limited liability.	made, the Flor will be identicate change(s) was or as otherwate ity company.	ida street address o al. Or, in the case o as/were authorized	f the registered office of a Florida limited by an affirmative vote
Mike Treworgy				
(Printed or typed name of signee)				
I hereby accept the appointment comply with the provisions of and I am familiar with and accepter 608, F.S. Or, if this address, thereby confirm that	ent as registered all statutes relati cept the obligati locument is being the limited liabil	agent and agr ve to the prop ons of my posit of filed to mere lity company h	ee to act in this caper and complete per ion as registered as y reflect a change i as been notified in	acity. I further agree to formance of my duties, gent as provided for in the registered office writing of this change.
(Signature of Registered Agent)	<del></del>	_		

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