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DIVISION OF CORPORATION

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COVER LETTER '

TO: Registration Section Division of Corporations

SUBJECT: The Barnhill Group, LLC.

(Name of Limited Liability Company)

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Leslie Kitrell

(Name of Person)

The Barnhill Group, LLC (Firm/Company)

651 Danville Drive Suite 101 (Address)

Orlando, FL. 32825

(City/State and Zip Code)

For further information concerning this matter, please call:

Leslie Kitrell

(Name of Person)

_) 228-2543

at (863

(Area Code & Daytime Telephone Number)

7 MAY 14 AM 11:

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 following 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 liab	oility company is: <u>The Barnhi</u>	II Group, LLC.	·
2. The mailing address of the li	imited liability company is :		·•
5151 South Lakeland Drive S	Suite 4 Lakeland, FL. 33813		
			·
April 26, 2005		L05000040777	
3. Date of filing/registration in	Florida	4. Document number	
5. The name of the registered ap Florida Department of State:		e address as shown on the records of	the
Ran	ndy Barnhill		
	Name		
5151	1 South Lakeland Drive Su	uite 4	
	Address		
Lake	eland, FL. 33813	7	
	City, State and Z	Հւթ	
6. The name and address of the	e new registered agent and/or	office:	
Rand	dy Barnhill	. <u></u>	DIVIS
054.7	Name	5	FIL SECRETAR IVISION OF (
	Danville Drive Suite 101		
Flor	rida street address (P.O. Box	•	X~
Orlar	ndo, <u>FL</u> 328	25	OF STA
	City, State and Zi	ip -	RAT
confirmed that after the change	e or changes are made, the Fl egistered agent will be ident confirmed that the change(s) liability company or as other he limited liability company	aws of the State of Florida, it is hereforda street address of the registered ical. Or, in the case of a Florida limit was/were authorized by an affirmati rwise provided in the articles of organ	officĕ' ted
Construction of a mention of authorized left	presentative of a method j		
Randy Barnhill (Printed or typed name of signee)		. .	
I hereby accept the appointment comply with the provisions of a and I am familiar with and acc Chapter 608, F.S. Or, if this do address, I hereby onfirm that	nt as registered agent and a all statutes relative to the pro- cept the obligations of my po- ocument is being filed to men the limited liability company	gree to act in this capacity. I further oper and complete performance of my sition as registered agent as provided rely reflect a change in the registered has been notified in writing of this c	agree to v duties, 1 for in 1 office change.

(Signature of Registered Agent)

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