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SECRETARY OF STATE OIVISION OF CORPORATIONS

COVER LETTER

| TO: Registration Section Division of Corporations |
|---|
| SUBJECT: Real Estate of America Invistment 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: |
| WADDIE A. FREEMAN (Name of Person) |
| Real Estate of America Invisionent Group LLC (Firm/Company) |
| 1802 N. Alafaya Trail (Address) |
| Grlanda FL 3282L (City/State and Zip Code) |
| For further information concerning this matter, please call: |
| (Name of Person) at (877) 244-9200 (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 following amount: |
| \$55 Filing Fee & Certified Copy |

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

INHS18 (8/05)

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: Rezl ε | state of f | meric2 | Invismen | et Group | LLC |
|---|---|--|--|--|-----|
| 2. The mailing address of the limited liability company is: | 1902 | N Ala | fayg Ti | 1211 | |
| | Orlando | | • | | |
| April 27, 2005 3. Date of filing/registration in Florida | Lø5 g | හු <u>ගුටු ව</u> it number | 41572 |) | |
| 5. The name of the registered agent and the registered office Florida Department of State: Waddle A Name | Freeman S7 #11 32835 p | | e records o | f the | |
| | | ١ | | | |
| Name 1802 N Alafay Florida street address (P.O. Box I Orland FL 3 City, State and Zip | NOT acceptal 2816 | ble) | | | |
| If the limited liability company is not organized under the lar confirmed that after the change or changes are made, the Flor and the business office of the registered agent will be identic liability company, it is hereby confirmed that the change(s) wo for the members of the limited liability company or as otherwor the operating agreement of the limited liability company. (Signature of a member or authorized representative of a member) | ws of the State rida street add al. Or, in the was/were auth vise provided | e of Florida lress of the case of a F orized by a in the artic | a, it is here registered Florida lim an affirmat les of orga | eby I office ited ive vote unization | |
| (Printed or typed name of signee) | | | | | |
| I hereby accept the appointment as registered agent and agr comply with the provisions of all statutes relative to the prop and I am familiar with and accept the obligations of my posit Chapter 608, F.S. Or, if this document is being filed to mere address, I hereby confirm that the limited liability company h (Signature of Registered Agent) | ree to act in the er and comple tion as registe ly reflect a ch has been notifi | nis capacity ete perforn ered agent ange in th ied in writi | y. I further nance of m as provide e registere ing of thi s | (1) (4) | |
| Division of Corporations, P.O. Box 6327 FILING FEE: \$25 | • | e, FL 3231 | 14 | FILED ARY OF S OF CORPOR | 1 |