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MUCHMENT A DIVIONMENT REAL (Requestor's Name) AHMENTIC AVE (Address) (Address)	Hy LLC 800054300228			
(City/State)Zip/Phone #) PICK-UP WAIT MAIL	MJH.			
. (Business Entity Name)	08/16/0501064001 **25.00			
Certified Copies Certificates of Status Special Instructions to Filing Officer: SIC FIA CL	05 MAY 15 PH 2: 54			

Office Use Only

Change Mail address

Thursday, May 12, 2005

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

Mr. Bradford J. Nutting Member Manager Bradford J. Nutting, LLC 225 N. Atlantic Ave., Unit #301 Cocoa Beach, FL 32931

Dear secretary of State:

I am requesting that the Mailing Address on Line #2 of the enclosed form "STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY" be changed from 225 N. Atlantic Ave., Unit #301, Cocoa Beach, FL 32931 to 4801 South University Drive., Suite #219, Davie, FL 33328. It is my understanding that there is no charge for this change.

Thank you for your prompt attention to this matter.

Sincerely,

Bradford J. Nutting

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR EOTH 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 limite	ed liability company i	is: Investment & Dev	velopment rea	Ity, LĻC	<u>-</u>		
2. The mailing address of							
Cocoa Beach, FL 3293							
May 06, 2005		L0500	L05000044906				
3. Date of filing/registrat	ion în Florida	4. Doct	ument number	,		_	
5. The name of the registr Florida Department of	ered agent and the rep State: Bradford J. Nuttin	_	as shown on the	records o	of the		
	225 N. Atlantic A			5 .	05		
•	Cocoa Beach, Fl	Address 32931 fy, State and Zip			5	•	
6. The name and address		_			3	-	
,	Richard D. Abrah	nam			<i>i</i> 5	•	
	4801 S. Universi	ty Dr., Suite #219			华		
, ,	Florida street addi	ess (P.O. Box NOT ac	ceptable)		8 4) 3		
	Davie	FL 33328		- w			
,	City	, State and Zip	• •				
If the limited liability conconfirmed that after the cand the business office of liability company, it is he the members of the limit the operating agreement (Signature of a member of anticonfirmation)	change or changes are fine registered agent creby confirmed that ed hability company of the limited liability	e made, the Florida stre will be identical. Or, i the change(s) was/were or as otherwise provide y company.	et address of the	e registen	ed office	of	
Richard D. Abraham,	<u> </u>						
Printed or typed name of signer I hereby accept the approximation of Landau Provision and I am familiar with a Chapter 608. F. Or, if address, I hereby confirm (Signature of Registered Agent)	pintment as registere ns of all statutes rela nd decept the obligat this document is hel nthat the limited lial	d agent and agree to active to the proper and citive to the proper and citions of my position as the filed to merely reflection to the position as the filed to merely reflection to the property company has been	n in this capacit complete perfor registered agent of a change in it notified in wri	ty. I furth mance of t as provi he registe ting of th	ier agree inv dutes ded for in red office is change.	to S.	

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

FILING FEE: \$25.00