## 105000050598

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PICK-UP WAIT MAIL		
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M. HODGE

FILED 05 SEP 19 PM12: 28 POLK HOME MANAGEMENT P.O. BOX 8991 LAKELAND, FL 33806

Arthur Paul White (863) 559-3781

## 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.

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1. The name of the limited liability company is:	POLK HOME MANAGEMENT
2. The mailing address of the limited liability company	P.O. BOX 8991 y is: LAKELAND, FL 33806 .
May 20, 2005	1-0500050598
3. Date of filing/fegistration in Florida	4. Document number
5. The name of the registered agent and the registered of Florida Department of State:  Address  City, State	Allen County Rd 540A FC 33813
6. The name and address of the new registered agent ar	nd/or office:
Florida street address (P.O. Lake land FL City, State ar	33803 PR D
If the limited liability company is not organized under confirmed that after the change or changes are made, the and the business office of the registered agent will be in liability company, it is hereby confirmed that the change the members of the limited liability company or as other the operating agreement of the limited liability company	the laws of the State of Florida, it is hereby ne Florida street address of the registered office dentical. Or, in the case of a Florida limited ge(s) was/were authorized by an affirmative vote of erwise provided in the articles of organization or
(Signature of a member or authorized representative of a member)	<del></del>
Arthur P. White	·
(Printed or typed name of signee)  I hereby accept the appointment as registered agent an comply with the provisions of all statutes relative to the and I am familiar with and accept the obligations of m Chapter 608, F.S. Or, if this document is being filed to address, I hereby confirm that the limited liability composition of Registered Agent)	nd agree to act in this capacity. I further agree to e proper and complete performance of my duties, y position as registered agent as provided for in merely reflect a change in the registered office pany has been notified in writing of this change.

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

INH\$18(10/99)

FILING FEE: \$25.00