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2000 MAY 19 PM 3: 11
SECRETARY OF STATE

COVER LETTER

Division of Corporations			
SUBJECT: Walton South, LLC	Limited Liability Company)		
(Ivaine of E	Sinned Buointy Company)		
Dear Sir or Madam:			
The enclosed Registered Agent/Registered C	Office Change and fee(s) are submitted for filing.		
Please return all correspondence concerning	this matter to the following:		
Teri Stapleton			
(Name of Person)	·		
US CorpWorks Inc. (Firm/Company)			
(1.11.1.50.1.1.1.1)			
1638 Pennsylvania St.			
(Address)			
Denver, CO 80203 (City/State and Zip Code)	<u> </u>		
(City/State and Zip Code)			
For further information concerning this matter	er, please call:		
	007 5700		
Teri Stapleton	at (888) 967-5799		
(Name of Person)	(Area Code & Daytime Telephone Number)		
STREET/COURIER ADDRESS:	MAILING ADDRESS:		
Registration Section	Registration Section		
Division of Corporations Clifton Building	Division of Corporations P.O. Box 6327		
2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee, Florida 32314		
Enclosed is a check for the followin	g 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 lim	ited liability company is:	Walton South, LLC		
		npany is : <u>3252 Roanoke. Kansa</u>	as City, KS 64111	
05/25/2005		L05000052015		·
3. Date of filing/registration in Florida 4. Document number			oer	
5. The name of the regi Florida Department		ered office address as shown or	n the records of th	ne
	Paracorp Incorporated	Name		
	236 East 6th Avenue	Address	20	
6. The name and address	City, S	state and Zip ent and/or office:	2008 HAY 19 SECRETAR TALLAHASS	77
	NRAI Services, Inc.		1-4-4 (green i
		ame		111
	2731 Executive Park Driv	e, Suite 4	<u> </u>	
	Florida street address	(P.O. Box NOT acceptable)	PN 3: 11	
	Weston	FL 33331	· · ·	
		ate and Zip		
confirmed that after the and the business office liability company, it is of the members of the or the operating agreen	change or changes are ma of the registered agent will hereby confirmed that the		f the registered of f a Florida limited by an affirmative	ffice d e vote
(Printed or typed name of sign	lelcher	<u>.</u>		
I hereby accept the app comply with the provisi and I am familiar with Chapter 608, F.S. Or, address, I hereby confi NRAI Services. Inc.	pointment as registered ag ons of all statules relative and accept the obligations if this document is being fi rm that the limited liability	ent and agree to act in this cap to the proper and complete per of my position as registered ag led to merely reflect a change i company has been notified in v	acity. I further a formance of my a rent as provided for the registered of writing of this characteristics.	gree to luties, or in office ange.
(Signature of Registered Agen	t)			

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