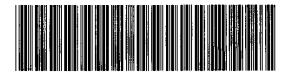
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SECRETARY OF STATE DIVISION OF CORPORATION

COVER LETTER

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FLORIDA DEPARTMENT OF STATE Division of Corporations

RECEIVED

09 JUL 26 PM 4:00

SECRETARY OF STATE TALLAHASSEE, FLORIDA

July 21, 2010

DEBORAH S ASHBROOK 220 SPARROW PORT ST JOE, FL 32456

SUBJECT: GULF COAST EAGLE INVESTMENTS LLC

Ref. Number: L05000055052

We have received your document for GULF COAST EAGLE INVESTMENTS LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

The form you submitted is for a CORPORATION, but your entity is a LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6855.

Tammy Hampton Regulatory Specialist II

Letter Number: 910A00017639

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| Nome | of the Limited Liability Com | e investments Li | | | | | | |
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| Trainte | (A Florida Limite | d Liability Company) | on our records.) | | | | | |
| | | | | | | | | |
| The Articles of Organization for | this Limited Liability Compa | ny were filed on | 6/30/2010 | and assigned | | | | |
| Florida document number | L05000055052 | | • | | | | | |
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| This amendment is submitted to | amend the following: | | | | | | | |
| A. If amending name, enter the | e new name of the limited li | ability company here: | | | | | | |
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| The new name must be distinguisha "L.L.C." | ble and end with the words "Li | mited Liability Company | ," the designation | 'LLC" or the abbreviation | | | | |
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| Enter new principal offices add | ress, if applicable: | | · | | | | | |
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| B. If amending the registered | d agent and/or registered | office address on ou | r records, enter | the name of the new | | | | |
| registered agent and/or the new | registered office address h | ere: | | | | | | |
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| Name of New Registere | u Agent | CASINION TO BE SEEN | ···斯·普及[18] (17) [18] (18] (18] (18] (18] (18] (18] (18] (| The control of the co | | | | |
| New Registered Office | Address: 701 Nauti | lus Dr | The state of the s | And the second of the second o | | | | |
| · · · · · · · · · · · · · · · · · · · | Enter Florida street address | | | | | | | |
| | | Port St. Joe | Florida | 32456 | | | | |
| 35 | | City | , riorida | Zip Code | | | | |

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

antending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records: MGR = Manager MGRM = Managing Member **Title** Name **Type of Action** Address Add Remove Add Remove Add Remove Add Remove Add Remove Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Change address of MGRM & Registered agent Deborah S Ashbrook to 701 Nautilus Dr. Port St. Joe, FL 32456 Signature of a member or authorized representative of a member Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00