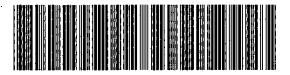
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EXAMINER

COVER LETTER

Titan I Developments, LLC SUBJECT: _ 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: Chris Beckwith Name of Person Titan I Developments, LLC Firm/Company 4705 N. Boulevard Address Tampa, Fl. 33603 City/State and Zip Code chris@t1designandconstruction.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Chris Beckwith Name of Person Area Code & Daytime Telephone Number STREET/COURIER ADDRESS: **MAILING ADDRESS:** Registration Section Registration Section Division of Corporations **Division of Corporations** Clifton Building P.O. Box 6327 2661 Executive Center Circle Tallahassee, Florida 32314 Tallahassee, Florida 32301 ... · i Enclosed is a check for the following amount: \$25 Filing Fee \$55 Filing Fee & Certified Copy

TO:

Registration Section Division of Corporations

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.

| Name of the limited liability company: | Titan I Developments, LLC |
|---|---|
| 2. (a) Principal office address of limited liability compar | ny: Titan I Developments, LLC |
| (Note: MUST BE STREET ADDRESS) | 4705 N. Boulevard Tampa, Fl. 33603 |
| (b) Mailing address of limited liability company: | Titan I Developments, LLC |
| (Note: MAY BE POST OFFICE BOX) | 4705 N. Boulevard Tampa, Fl. 33603 |
| 6/13/2005 | L05000060338 |
| 3. Date of filing/registration in Florida | 4. Document number |
| 5. (a) Registered Agent and Registered Office shown of | n the records of the Florida Dept. of State: |
| Registered Agent: | Steve Rogai |
| Registered Office Address: | 3434 COLWELL AVE. SUITE 110 TAMPA, FL. 33614. |
| (b) Enter name of <u>NEW Registered Agent</u> and/or <u>NI</u> | EW Registered Office address: |
| <u>NEW</u> Registered Agent: | Chris Beckwith |
| NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS) | 4705 N. Boulevard |
| If the limited liability company is not organized under the confirmed that after the change or changes are made, the and the business office of the registered agent will be ide liability company, it is hereby confirmed that the change of the members of the limited liability company or as oth or the operating agreement of the limited liability company. Signature of a member or authorized representative of a member | Florida street address of the registered office |
| CHRIS BECKWITH | |
| Printed or typed name of signee | · |
| I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the pand I am familiar with and accept the obligations of my particle to the pand I am familiar with and accept the obligations of my particle to the pand of the limited liability companders, I hereby confirm that the limited liability companders. | agree to act in this capacity. I further agree to proper and complete performance of my duties, so sition as registered agent as provided for in nerely reflect a change in the registered office my has been notified in writing of this change. |
| Signature of Registered Agent | |

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