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(Re	equestor's Name)	 					
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SEGRETARY OF STATE



TO: Registration Section Division of Corporations
SUBJECT: DRAKE DEVEL OPMENT GROUP LLC 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:
KURT DRAKE Name of Person
DRAKE DEVELOPMENT GROUP LLC Firm/Company
17114 JOURNEYS END DR Address
ODESSA, FL 33556 City/State and Zip Code TABLE OF THE TOTAL CONTROL TO
City/State and Zip Code KD INDC HOT MAIL. COM E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
KURT DRAIGE at (813) 317-7369 Name of Person Area Code & Daytime Telephone Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301 MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

 \square \$55 Filing Fee & Certified Copy

\$25 Filing Fee

Enclosed is a check for the following amount:

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, 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.

Florid								
1. N	ame of the limited liability company: DRAKE							LC
2. (a)	* NEW ADDRESS	(b)	* .	NEW	ADI	ore	ss.	
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)						•••
	17114 JOURNEYS END DR	_	1711	4 Jo	VRN	EYJ	END	DR
	ODESSA, FL 33556		ODE	SSA, F	L	33	556	
	06/17/2005		_ 05	0000	60:	53(Ď	
3.	Date of filing/registration in Florida	4.		Document	numbe	r		
5. (a)	KURT DRAKE							
(,	Registered Agent and Registered Office shown on the records of the	e Florida D	ept. of State	- ::				
	Registered Office Address (MUST BE FLORIDA STREET AL	DDRESS)						
	2114 STONEVIEW RD			_				
	DDESSA ,FL_	33	556					
				- !		2015		
(b)						NON S		
	Enter name of NEW Registered Agent and/or NEW Registered O	Office addro	<u> 288</u> :	Ċ	(A) 122	ح س	No.	
				ĺ	m co		m	
	NEW Registered Office Address:				5-8-4 1.S.1	<u>.</u> 2 Ω	O	
	17114 JOURNEYS END	DR		ā	Drn -			
		<u> </u>		. 7	> (79		
	ODESSA ,FL_	33	55 b	-				
	limited liability company is not organized under the laws							
the chagent	ange or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited liab	he registe pility com	red office many, it is	e and the bu s hereby co	ısiness İnfirmec	office d that t	of the regis he change(stered 's)
was/w	ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the li	the limite	ed liability	y company				
the art	in its of organization of the operating agreement of the fi	innicu na			DRA	KE	-	
Signa	naire of member or authorized representative of a member	-	12001	Printed or ty	yped nam	e of sign	nec	
provis the ob to me	thy accept the appointment as registered agent and agre ions of all statutes relative to the proper and complete p ligations of my position as registered agent as provided ely reflect a change in the registered office address, I he if in writing of this change.	e to act in performan for in Ch pereby con	n this capo ice of my c apter 605 firm that	acity. I fur duties, and i, F.S. Or, the limited	ther ag Lam fa if this d liabilit	ree to miliar locume y comp	comply wit with and c ent is being oany has be	h the iccept filed een
Signati	ure of Registered Agent							