L05000068795

(Requestor's Name) (Address) (Address) (City/State/Zip/Phone #)									
					PICK-UP WAIT MAIL				
					(Business Entity Name)				
					(Document Number)				
					Certified Copies Certificates of Status				
					Special Instructions to Filing Officer:				
A. LUNT									
JAN 11 2008									
EXAMINER									

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COVER LETTER

	TO: Registration Division of	Section Corporations			
; V	SUBJECT: DLG Development + Holding Company 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:				
	<u>Herneth</u>	R. Scarberry (Name of Person)	<u>, </u>	2008 JAN 10 P 2: SECRETARY OF STA TALLAHASSEE, FLO	TITO
		(Firm/Company)		2: 0°	
	424 E C	entral Blud S	Suite 114	B. B.	
	Orlando,	PL 32801 (City/State and Zip Code)			
	For further information concerning this matter, please call:				
	1/enveth 1/	ne of Person)	at (<u>407</u>) <u>462</u> (Area Code & I	- 8282 Daytime Teleph	_ none Number
	Registration of C Division of C Clifton Build 2661 Executi Tallahassee, I	orporations ing ve Center Circle	MAILING ADDRE Registration Section Division of Corporat P.O. Box 6327 Tallahassee, Florida	tions	
	Enclosed is	a check for the following	វ ងាមរកពារ។		

☐ \$55 Filing Fee & Certified Copy

\$25 Filing Fee

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 limited liability company is:	La Development Holding Co LL
2. The mailing address of the limited liability compar	
	Fort Lauderdola, Fl. 33304
7/13/2005	L05000068795
3. Date of filing/registration in Florida	4. Document number
5. The name of the registered agent and the registered Florida Department of State:	office address as shown on the records of the
Name 74 Wood 91	ne ofe Blud 205
Addi Orlando Fli City, State	Scarberry me of e Blud 205 ress 32822 TARRY OF STARY OF STAR
6. The name and address of the new registered agent a	and/or office:
Kerneth B.	Scarben To
Name 424 ECENTRAL	B(vd #1148) ?
Florida street address (P.C). Box NOT acceptable)
arlando FL	32801
City, State a	and Zip
If the limited liability company is not organized under confirmed that after the change or changes are made, and the business office of the registered agent will be liability company, it is hereby confirmed that the char of the members of the limited liability company or as or the operating agreement of the limited liability company or as or the operating agreement of the limited liability company or as or the operating agreement of the limited liability company or as or the operating agreement of the limited liability company or as or the operating agreement of the limited liability company or as or the operating agreement of the limited liability company.	the laws of the State of Florida, it is hereby the Florida street address of the registered office identical. Or, in the case of a Florida limited 1ge(s) was/were authorized by an affirmative vote otherwise provided in the articles of organization 1pany.
1 berneth R. Scarberny (Printed or typed name of signee)	
I hereby accept the appointment as registered agent of comply with the provisions of all statutes relative to the and I am familiar with and accept the obligations of a Chapter 608, F.S. Or, if this document is being filed to address, I hereby confirm that the limited liability con	and agree to act in this capacity. I further agree to ne proper and complete performance of my duties, ny position as registered agent as provided for 'o merely reflect a change in the registered office npany has been notified in writing of this change.

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

(Signature of Registered Agent)