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(Re	equestor's Name)			
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(Address)				
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(City/State/Zip/Phone #)				
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(Bu	siness Entity Nar	ne)		
(Do	cument Number)			
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Certified Copies	_ Certificates	of Status		
Special Instructions to Filing Officer:				
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SECHETARY OF STATE DIVISION OF CORPORATIONS

ABRYAN APR 1 1 2007

COVER LETTER

Division of Corporations			
SUBJECT: GRIFFIN DRILLING, LLC			
(Name of Limited	d 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 m	natter to the following:		
r lease return an correspondence concerning uns n	latter to the following.		
DEVIN NEWMAN ASST. SECRETARY (Name of Person)			
•	01 DIV.		
ALL FLORIDA FIRM, INC.	APR		
(Firm/Company)	R 19		
	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		
465 S. VOLUSIA AVE.  (Address)	PH 3: 5		
(Address)	:5		
ORANGE CITY FL, 32763			
(City/State and Zip Code)	<del></del>		
For further information concerning this matter, ple	ease call:		
ALEXIS L GRIFFIN at (	850 <u>971-4181</u>		
(Name of Person)	(Area Code & Daytime Telephone Number)		
STREET/COURIER ADDRESS:	MAILING ADDRESS:		
Registration Section Division of Corporations	Registration Section Division of Corporations		
Clifton Building	P.O. Box 6327		
2661 Executive Center Circle	Tallahassee, Florida 32314		
Tallahassee, Florida 32301			
Enclosed is a check for the following am	ount:		
\$25 Filing Fee	\$55 Filing Fee & Certified Copy		



## FLORIDA DEPARTMENT OF STATE Division of Corporations

April 11, 2007

DEVIN NEWMAN ALL FLORIDA FIRM, INC. 465 S. VOLUSIA AVE. ORANGE CITY, FL 32763

SUBJECT: GRIFFIN DRILLING, LLC

Ref. Number: L05000072288



We have received your document for GRIFFIN DRILLING, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

The registered agent must sign accepting the designation.

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) 245-6043.

Joey Bryan Document Specialist

Letter Number: 107A00024369

## 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 limite	ed liability company is: GRIFFIN	DRILLING, LLC	
2. The mailing address of	f the limited liability company is	: 828 NE FOREST VIEW WA	·Υ
LEE FL 32059			
07/22/2005		L05000072288	
3. Date of filing/registration	ion in Florida	4. Document number	
5. The name of the register Florida Department of		ce address as shown on the reco	ords of the
	ALEXIS L GRIFFIN		
	Name		E
	828 NE FOREST VIEW WA	<del>\Y</del>	2 24
	Address		平
	City, State and	7:	A SET
	• *	•	925
6. The name and address of	of the new registered agent and/o	r office:	OT APR 19 PH
	ALL FLORIDA FIRM, INC.		STALE STALE
	Name		<b>三</b> 宝
	465 S. VOLUSIA AVE.		
	Florida street address (P.O. Box	x NOT acceptable)	
		763	
	City, State and Z	ip	
If the limited liability com confirmed that after the chand the business office of liability company, it is her of the members of the lim or the operating agreement (Signature of a member or authoric (Printed or typed name of signee)	npany is not organized under the lange or changes are made, the Fithe registered agent will be ident reby confirmed that the change(s) nited liability company or as other to f the limited liability company with the change (s) and the limited liability company with the change (s) and the limited liability company with the limited liability company with the change (s).	laws of the State of Florida, it is lorida street address of the registical. Or, in the case of a Florid was/were authorized by an afformise provided in the articles of the case of the articles of the case of the articles of the case	s hereby stered office la limited Trmative vote f organization

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, thereby confirm that the limited liability company 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