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SECRETARY OF STATE
TALL AHASSEF FI ORIDA

COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: Del Mar Threement Group, LC (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:			
Name of Person)			
Hone Quality Munugement, Inc. (Firm/Company)			
P. O. Box 31809 (Address)			
Palm Beach Gardens, FL 33420 (City/State and Zip Code)			
For further information concerning this matter, please call:			
(Name of Person) at (Soi) 366-6600 Exf. 215 (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			
Enclosed is a check for the following amount:			
□ \$25 Filing Fee □ \$55 Filing Fee & Certified Copy			

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.

in the state of Fioriaa.	
1. Name of the limited liability company:	ar Towestment Group, UC
2. (a) Principal office address of limited liability compand (Note: MUST BE STREET ADDRESS)	y: 4225 East Main Street Supiter, PL 33458
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	P.O. Box 31809 Palm Beach Gordens 17.37420
3. Date of filing/registration in Florida	
5. (a) Registered Agent and Registered Office shown on Registered Agent:	Sobaughn Steldon To III
Registered Office Address:	2979 PEAR Blyd. SE SOUTHO
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NE</u> <u>NEW</u> Registered Agent:	W Registered Office address:
NEW Registered Agent: NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	4725 Fast Main Street
	Tipiter ,FL 33458
If the limited liability company is not organized under the that after the change or changes are made, the Florida street office of the registered agent will be identical. Or, in the chereby confirmed that the change(s) was/were authorized bliability company or as otherwise provided in the articles of limited liability company.	et address of the registered office and the business ase of a Florida limited liability company, it is
	The state of the s
(Signature of a member or authorized representative of a member)	
Yau Wal(71)k (Printed or typed name of signee)	_
I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the pro am familiar with and accept the obligations of my position F.S. Or, if this document is being filed to merely reflect a confirm that the limited liability company has been notified	gree to act in this capacity. I further agree to oper and complete performance of my duties, and I as registered agent as provided for in Chapter 608, change in the registered office address, I hereby I in writing of this change.
(Signature of Regnetered Agent)	,

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