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SECRETARY OF STATE TALLAHASSEF FLORIDA

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To:

Division of Corporations

Fax Number : (850)205-0380

: TRENAM, KEMKER, SCHARF, BARKIN, FRYE, O'NEILL & MULLIS, P.A. Account Name

Account Number : 076424003301 : (813)223-7474 phone Fax Number 2 (813)229-6553

## REGISTERED AGENT CHANGE

## EAGLE MANAGEMENT, LLC

|    |    |          | والمراجع والمستقد والتناف والمستقد والم |         |
|----|----|----------|--|---------|
|    |    |          | Certificate of Status  | 0       |
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| i) | ထံ | (E)      | Estimated Charge   | \$35.00 |
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TRENAM, KEMKER

850-245-6897

NO. 2816

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

| liability company submit  | s the following statemen:  | in order to change its re  | nes the Widersigned Rmile<br>gistered office or registered<br>SECHETARY OF STATE  |
|---|--|--|---|
| 1. The name of the limits   | ed liability company is: _!  | AGLE MANAGEMENT, L   | SECRETARY OF STATE ALL LAHASSEE, FLORIDA  |
| 2. The mailing address o  |  |  |   |
| 1808 W. BEARSS AVE  | NUE, TAMPA, FLORIE   | A 33613  |   |
| NOVEMBER 8, 2005  |  | L0500010838  | ın  |
| 3. Date of filing/registrat   | ion in Florida   | 4. Document n  | <del></del>   |
| 5. The name of the register Florida Department of   | ered agent and the register<br>State:  | red office address as show   |   |
|   | Stuart H. Suddath  | Jr.<br>Jr.   | <del>-</del>  |
|   | 1808 W. Bearss Ave   |  |   |
|   |  | idreas   | ···   |
|   | Tampa, Florida 336   | 13   |   |
|   | •  | are and Zip  |   |
| 6. The name and address   | of the new registered ages   | it and/or office:  | •   |
|   | Ross H. Suddath, J   | f  | _   |
| •   | Na   | <del>-23 y</del>   | _   |
|   | 1808 W. Bearss Ave   |  | - •   |
|   | TIONOS BUCCL SOUICES (1  | P.O. Box NOT acceptable  | )   |
|   | Tampa j  | 工 33513  |   |
|   | City, Stat   | e and Zip  |   |
| If the limited liability com-<br>confirmed that after the ch<br>and the business office of<br>liability company, it is her<br>of the members of the lim-<br>or the operating agreemen | range or changes are mad<br>the registered agent will le<br>by confirmed that the cl<br>aited liability company or                                   | e, the Florida street address<br>on identical. Or, in the case<br>unge(s) was/were authoriza<br>as otherwise provided in t           | is of the registered office<br>te of a Florida limited<br>and by an affirmative vote  |
| (Signature of a member or authori   | and representative of a member)  | <del></del>  |   |
| Ross H. Suddath, Jr.<br>(Printed or typed name of signee)   |  |  |   |
| I benefit accent the armoi  | rimeni as registered agen<br>i of all statutes relative to<br>docept the obligations of<br>its document is being file<br>ing the fimited liability o | st and agree to act in this of the proper and complete in y position as registered to merely reflect a changompany has been notified | capacity. I further agree to performance of one agree to legister as provided for in the registered office in writing of this change. |
| Division  |  | Box 6327, Tallahussee, F   | L 32314   |
|   | FILING F   | EE: \$25.00  |   |

INHS18 (8/05)