L06000003/87

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SECRETARY OF STATE

AT

COVER LETTER

Division of Corporations				
SUBJECT: FORT ATKINSON PLANTATIO (Name of Limit	N, LLC ed Liability Company)			
Dear Sir or Madam:				
The enclosed Registered Agent/Registered Office	c Change and fee(s) are subm	itted for filing.		
Please return all correspondence concerning this	matter to the following:			
MARVIN BUCHANAN				
(Name of Person)				
FORT ATKINSON PLANTATION, LLC		2001 MAY -2 SECRETARY TALLAHASSE	ZOOT N SECA	
(Firm/Company)		HAS ETA!	(1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-	
3665 NW CR 348		-2 RY 0 SEE	m	
(Address)	····	Y -2 P 3: 51 TARY OF STATE ASSEE, FLORID.	Ö	
MAYO, FLORIDA 32066		TE SI		
(City/State and Zip Code)				
For further information concerning this matter, pl	ease call:			
MARVIN BUCHANAN (Name of Person) (Name of Person)	(Area Code & Dayti	ime Telenhone l	Number)	
(Name of Ferson)	(Mea Code & Daya	mic receptione i	· · · · · · · · · · · · · · · · · · ·	
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 3231	4		
Enclosed is a check for the following an	nount:			
 √ \$25 Filing Fee	\$55 Filing Fee & Certs	ified Copy		

TO: Registration Section

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 limit	ed liability company	y is: FORT ATKINSON PLANTAT	TION, LLC
2. The mailing address of	of the limited liabilit	ty company is: 3665 NW CR 3	48, MAYO, FLORIDA 32066
JANUARY 10, 2006		L060000031	87
3. Date of filing/registration in Florida		4. Documen	t number
5. The name of the regist Florida Department of		registered office address as sho	own on the records of the
	JOHN W. HILL		
		Name	
1105 WEST HOWARD STREET			
		Address	TAL 20
	LIVE OAK, FLOR		
	C	City, State and Zip	
6. The name and address of the new registered agent and/or office:			
	MARVIN BUCHA	ANAN	
		Name	- COR STA
	3665 NW CR 348		6 5
	Florida street add	dress (P.O. Box NOT acceptal	ble) > -
	MAYO	FL 32066	
	Cit	ty, State and Zip	
confirmed that after the cand the business office of liability company, it is he	thange or changes a fithe registered ager creby confirmed that nited liability computed the limited liab	zed under the laws of the State re made, the Florida street adont will be identical. Or, in the t the change(s) was/were authorny or as otherwise provided bility company.	lress of the registered office case of a Florida limited orized by an affirmative vote

Marvin Buchanan
(Printed or typed name of signee)

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, I hereby 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