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Office Use Only





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COVER LETTER

| Division of Corporations | | |
|--|---|--|
| | ment Company, LLC 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: | |
| John V Parker (Name of Person) SGPQ, Equipmen | TALLA " | |
| (Firm/Company) 3073 Cecella Dr. (Address) Apopka, FL 32707 (City/State and Zip Code) | EB 26 AN II: 23 RETARY OF STATE AHASSEE FLORIDA | |
| For further information concerning this mat | ter, please call: | |
| Name of Person) | at (407) 294-6026 (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 | S55 Filing Fee & Certified Copy | |

INHS18 (8/05)

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: <u>S6P6</u> | 1. Equipment Company, LL |
|--|--|
| 2. The mailing address of the limited liability company is : _ | 3073 Cecelia Dr. |
| | Apopka, FL 32703. |
| 1/11/2006 | L06000003788 |
| 3. Date of filing/registration in Florida | 4. Document number |
| 5. The name of the registered agent and the registered office Florida Department of State: | address as shown on the records of the |
| David Goss Name | |
| _ | nteDr, Suite 318 9 |
| Altononte Sorun City, State and Zi | ARETAR EB ARETAR SS |
| 6. The name and address of the new registered agent and/or of | office: |
| John tarker | AM II: 23 |
| Name 3073 Cecelia de | 23 23 23 23 23 23 23 23 23 23 23 23 23 2 |
| Florida street address (P.O. Box) | NOT acceptable) |
| Apopka, FL 3 | 32703 |
| City, State and Zip | |
| If the limited liability company is not organized under the lar confirmed that after the change or changes are made, the Flo and the business office of the registered agent will be identic liability company, it is hereby confirmed that the change(s) of the members of the limited liability company or as otherwor the operating agreement of the limited liability company. | rida street address of the registered office al. Or, in the case of a Florida limited was/were authorized by an affirmative vote |
| (Signature of a member or authorized representative of a member) | |
| John V Parker up (Printed or typed name of signee) | |
| I hereby accept the appointment as registered agent and agreement with the provisions of all statutes relative to the propand I am familiar with and accept the obligations of my posi Chapter 608, F.S. Or, if this document is being filed to mere address, I hereby confirm that the limited liability company (Signature of Registered Agent) | ree to act in this capacity. I further agree to ver and complete performance of my duties, tion as registered agent as provided for in ly reflect a change in the registered office has been notified in writing of this change. |

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