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| (Red | questor's Name) | |
|---|-------------------|-----------|
| (Address) | | |
| (Ade | dress) | |
| (City | //State/Zip/Phone | : #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Business Entity Name) | | |
| (Document Number) | | |
| Certified Copies | _ Certificates | of Status |
| Special Instructions to Filing Officer: | | |
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Office Use Only



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COVER LETTER

| TO: Registration Section Division of Corporations | | |
|--|---|-------------------------|
| SUBJECT: DIRT HOLDINGS LLC (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 | g this matter to the following: | |
| WILLIAM C PIXLEY | | |
| (Name of Person) | | |
| DIRT HOLDINGS LLC | 8 | 0 |
| (Firm/Company) | | ¥.S.S. |
| PO BOX 1483 | 2006 SEP 21 PM 12: 19 | HO NOSINIO |
| (Address) | P. | ; = : : : : |
| MOUNT DORA FLORIDA 32756 | 112: | S IAI |
| (City State and Zip Code) | | ž. |
| For further information concerning this matter | tter, please call: | |
| WILLIAM C PIXLEY | at (407) 886-7819 | |
| (Name of Person) | (Area Code & Daytime Telephone Numb | er) |
| 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 | ing amount: | |
| ✓ \$25 Filing Fee | \$55 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.

| I. The name of the limited liability compar | ny is: DIRT HOLDINGS LLC | |
|--|---|--|
| 2. The mailing address of the limited liabili | ity company is : PO BOX 1483 | |
| MOUNT DORA FLORIDA 32756 | | |
| 2/17/2006 | L06000017534 | |
| 3. Date of filing/registration in Florida | 4. Document number | |
| 5. The name of the registered agent and the Florida Department of State: | L06000017534 4. Document number registered office address as shown on the record of the VAN M Name VE Address ORIDA 32803 City, State and Zip red agent and/or office: | |
| LEFKOWITZ, IVAN WI | | |
| A20 NI MULO AVE | | |
| Address 2 | | |
| ORI ANDO FLO | DRIDA 32803 | |
| City: State and Zip | | |
| 6. The name and address of the new register | red agent and/or office: | |
| WILLIAM C PIX | LEY | |
| Name 5556 SOUTH ROUND LAKE ROAD | | |
| Florida street address (P.O. Box NOT acceptable) | | |
| ZELLWOOD | FL 32798 | |
| City, State and Zip | | |
| confirmed that after the change or changes a and the business office of the registered age | | |
| (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