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DIVISION OF CORPORATIONS

COVER LETTER

TO: Registration Section Division of Corporations	·
SUBJECT: Temblay 6, LC (Name of Limited Liability Company)	
Dear Sir or Madam:	ì
The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for fili	ng.
Please return all correspondence concerning this matter to the following:	
Teresa m Tremblay (Name of Person)	
GGCA- (Firm/Company)	OT APR 12
1646 35th Ave	PH 1: 44
Vero Beach, FL 32960 (City/State and Zip Code)	SHOI E
For further information concerning this matter, please call:	
Teres A Tremblay at 072 584-9330 (Area Code & Daytime Telephon)	- one 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:	
\$55 Filing Fee \$ Certified Copy	

/ INHS18 (8/05)

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

23 apresentation of

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.

agent, or both, in the State of Florida.	
1. The name of the limited liability company is:	plephe.
2. The mailing address of the limited liability company is: \[\sum_{15} 29\sum_{15} Aue, Uero Beach, K. \]	1 32960
3 29/07 LOGOCO 35 3. Date of filing/registration in Florida 4. Document number	5625_
5. The name of the registered agent and the registered office address as shown on the Florida Department of State: Orporation Service Company Name 1201 Hous Street Address Tallahassee El 33301 City, State and Zip	records of the
6. The name and address of the new registered agent and/or office: Texes A M Tremblay Name Name Florida street address (P.O. Box NOT acceptable) Vero Beach City, State and Zip	FILLED STATE SECRETARY OF STATE OF CORPORATIONS OF APR 12 PM 1: 44
If the limited liability company is not organized under the laws of the State of Florida confirmed that after the change or changes are made, the Florida street address of the and the business office of the registered agent will be identical. Or, in the case of a liability company, it is hereby confirmed that the change(s) was/were authorized by a of the members of the limited liability company or as otherwise provided in the artic or the operating agreement of the limited liability company. (Signature of a member or authorized representative of a member)	registered office florida limited an affirmative vote
(Printed or typed name of signee) I hereby accept the appointment as registered agent and agree to act in this capacite comply with the provisions of all statutes relative to the proper and complete performand I am familiar with and accept the obligations of my position as registered agent Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the address, I hereby confirm that the limited liability company has been notified in write (Signature of Registered Agent)	y. I further agree to nance of my duties, as provided for in e registered office ing of this change.

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