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SECRETARY OF STATE
AND AHASSEE, FLORIDA

Law Offices of Anita L. Barber, P.A.

Anita L. Barber*

*Admitted FL and GA Bars, LL.M. in Taxation Certified Public Accountant 636 West Yale Street Orlando, Florida 32804 Web Site: www.abarberlaw.com

Telephone: 407-472-0595 Facsimile: 407-472-0594 Richard G. Shanklin Chief Operating Officer

June 19, 2006

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Re: Lawton Properties, LLC and Gettin2it, LLC

Dear Sir or Madam:

Please find enclosed a Statement of Change of Registered Office or Agent or Both for Limited Liability Company for two (2) entities: Lawton Properties, LLC and Gettin2it, LLC. Also enclosed is my firm's check in the amount of \$50.00 for the filing fees.

Please call me should you have any questions.

Very truly yours,

Anita L. Barber, P.A.

ant & Benta

Anita L. Barber, Esq.

Enclosures

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 liab	ility company ic	. I awton Pror	perties II.C		
2. The mailing address of the li	mited liability c	company is: 14	435 Maury Road	i, Offarido, FL 32604	
April 12, 2006			L06000038338	······································	
3. Date of filing/registration in Florida			4. Document number		
5. The name of the registered ag Florida Department of State:	gent and the regi		ddress as shown o	on the records of the	
<u> </u>		Name			
143	5 Maury Road			-100 Q	
Orlo	-4- EL 2200	Address		ALLECT 6.	
<u>Ona</u>	ndo, FL 3280 City	, State and Zip)	全年 四	
6. The name and address of the		•		FILED 06 JUL 12 PH 2: 44 SECRETARY OF STATE TALLAHASSEE, FLORIC TALLAHASSEE	
Ruth	n A. Lawton			7.5	
Name 1435 Maury Road		ATE ORIDA			
Flor	ida street addres	ss (P.O. Box N	OT acceptable)	•	
Orla	ndo	FL 3280	4		
	City,	State and Zip			
If the limited liability company confirmed that after the change and the business office of the reliability company, it is hereby cof the members of the limited lor the operating agreement of the company of the company agreement of the operating agreement of the operating agreement of the company of the company of the company of the operating agreement of the company of the comp	or changes are registered agent wonfirmed that the iability company the limited liability.	made, the Florivill be identicate change(s) was otherwity company.	ida street address of the case as/were authorized	of the registered office of a Florida limited d by an affirmative vote	
Ruth A. Lawton					
(Printed or typed name of signee)					
I hereby accept the appointment comply with the provisions of all and I am familiar with and acce Chapter 608, F.S. Or, if this do address) I hereby confirm that p	it as registered a ll statules relativ ept the obligation cument is being he limited liabil	agent and agre ve to the prope ns of my positi filed to merel ity company hi	ee to act in this ca or and complete pe on as registered a y reflect a change as been notified in	pacity. I further agree to erformance of my duties, igent as provided for in in the registered office writing of this chance	

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