| (Requ                                   | estor's Name)          |      |  |  |  |
|---|------------------------|------|--|--|--|
| . (Addre                                | ess)                   |      |  |  |  |
| (Addre                                  | ess)                   |      |  |  |  |
| (City/S                                 | State/Zip/Phone #)     |      |  |  |  |
| PICK-UP                                 | WAIT N                 | 1AIL |  |  |  |
| (Busir                                  | ess Entity Name)       |      |  |  |  |
| (Document Number)                       |                        |      |  |  |  |
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## **COVER LETTER**

|                    | ation Section<br>n of Corporations   |   |  |
|--------------------|--|---|--|
| SUBJECT. C         | ady investment Group LL0   | 0   |  |
| SUBJECT:           | (Name of L   | imited Liability Company)   |  |
|                    |  |   |  |
| The enclosed Ar    | ticles of Amendment and fee(s) are su  | abmitted for filing.  |  |
| Please return all  | correspondence concerning this matter  | er to the following:  |  |
|                    | Aaron M. Cady  |   | <b>200</b>   |
|                    |  | (Name of Person)  | SIGNE SIGNE  |
|                    | Cady Investment Gro  | oup LLC   | SECRETARY<br>DIVISION OF YOU<br>2006 JUN - 7   |
|                    |  |   |  |
|                    | P.O. Box 123   |   | PH 2: 24   |
|                    |  | (Address)   | 24   |
|                    | Lake City, Florida 3   | 32056   |  |
|                    | (Cit   | y/State and Zip Code)   | <del>-</del>   |
| For further infor  | rmation concerning this matter, please   | call:   |  |
| Aaron M. Cady      |  | at ( 386 ) 752-   | 2878 est.11  |
|                    | (Name of Person)   | (Area Code & Daytim   | e Telephone Number)  |
| Enclosed is a chec | ck for the following amount:   |   |  |
| \$25.00 Filing I   | Fee \$30.00 Filing Fee & Certificate of Status   | \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)   | \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) |
|                    | MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 | STREET/COURI<br>Registration Section<br>Division of Corpor<br>Clifton Building<br>2661 Executive Ce<br>Tallahassee, FL 32 | n<br>ations<br>nter Circle   |

## 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 lim   | nited liability compa   | ny is: Cady Investme  | ent Group LLC  |  |   |  |
|--|---|---|--|--|---|--|
| 2. The mailing address   | s of the limited liabi  | lity company is : P.  | O. Box 123   |  |   |  |
| Lake City, Florida 32056   | <u> </u>  |   |  |  |   |  |
| April 19,2006  |   | <u> </u>  | L06000040242   |  |   |  |
| 3. Date of filing/regist   | ration in Florida   |   | 4. Document number   |  |   |  |
| 5. The name of the registroida Department  |   | e registered office ac  | ddress as shown on the   | e records of   | the   |  |
| - 1  | Cady, Curt  |   |  |  |   |  |
|  |   | Name  |  |  |   |  |
|  | 122 SW Midtov   | vn Plaza Suite 106  |  |  |   |  |
|  |   | Address   |  |  |   |  |
|  | Lake City, Florid   |   |  | 201  | DIYIS   |  |
|  |   | City, State and Zip   | <del>_</del>   | 28   | 15<br>138<br>138<br>138                               |  |
| 6. The name and address of the new registered agent and/or office:   |   |   | fice:  | 2006 JUN -7  | 유민<br>기원 무지<br>기원 무지                                  |  |
|  | Aaron M. Cady   | /   |  |  |   |  |
|  |   | Name  |  | PH   | 필워크   |  |
|  |   | n Plaza Suite 106   | <del></del>  | Ö  | 5<br><b>X</b>   |  |
|  | Florida street a  | address (P.O. Box N   | OT acceptable)   | 2: 24  | J. ON.  |  |
|  | Lake City,  | FL 32025  |  |  |   |  |
|  |   | City, State and Zip   |  |  |   |  |
| If the limited liability of confirmed that after the and the business office liability company, it is of the members of the or the operating agreer (Signature of a member or au | e change or changes<br>of the registered ag<br>hereby confirmed t<br>limited liability cor<br>nent of the limited l<br>thorized representative of | s are made, the Flori<br>gent will be identical<br>hat the change(s) wa<br>mpany or as otherwi-<br>iability company.  | da street address of the last of the last of a   | e registered<br>Florida limit  | office<br>ed  |  |
| (Printed or typed name of sign   | CADY nee)   |   |  |  |   |  |
| I hereby accept the apcomply with the provisand I am familiar with Chapter 608, F.S. Or, address, I hereby conficient of Registered Age  |   | ered agent and agre<br>relative to the prope<br>gations of my positi<br>being filed to merely<br>liability company ho | e to act in this capaci<br>r and complete perfor<br>on as registered agen<br>reflect a change in th<br>as been notified in wri | ty. I further<br>mance of my<br>( as provided<br>he registered<br>ting of this c | agree to<br>duties,<br>l for in<br>l office<br>hänge. |  |

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