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**EXAMINER** 

## **COVER LETTER**

Division o	f Corporations					
SUBJECT:	JBJECT: SR207 CORRIDOR IMPROVEMENT GROUP, LLC  Name of Limited Liability Company					
Dear Sir or Madar	n:					
The enclosed Reg	istered Agent/Registered Office	: Cha	nge and fee(s) are submitted for	or filing.		
Please return all co	orrespondence concerning this i	matte	er to the following:			
D	OUGLAS N BURNETT Name of Person		<del></del>			
Si	T JOHNS LAW GROUP Firm/Company					
1301 PLANTA	ATION ISLAND DR., S., STE Address	. 302	2B	2000 SE		
ST. AU	GUSTINE, FLORIDA 32080 City/State and Zip Code	)		2009 MAY 11 PM 12: 54 SECRETARY OF STATE TALLAHASSEE.FLORID	FILE	
db E-mail address: (t	urnett@sjlawgroup.com o be used for future annual report notifica	tion)		M 12: 54 OF STATE OF LORID	C	
For further inform	nation concerning this matter, pl	ease	call:	<b>&gt;</b>		
	AS N BURNETT at (	9	04 ) 495-0400			
Nam	ne of Person		Area Code & Daytime Telephone I	Number		
Registratior Division of Clifton Buil 2661 Execu	Corporations		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314			
Enclosed i	is a check for the following an	ıoun	ti			
<b>√</b> \$25 Fili	ing Fee		\$55 Filing Fee & Certified C	Сору		

TO: Registration Section

## 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. Name of the limited liability company:SR207 C	Corridor Improvement Group, LLC
2. (a) Principal office address of limited liability company	y: Suite 302B
(Note: MUST BE STREET ADDRESS)	1301 Plantation Island Drive, S. St. Augustine, Florida 32080
(b) Mailing address of limited liability company:	Suite 302B
(Note: MAY BE POST OFFICE BOX)	1301 Plantation Island Drive S. St. Augustine, Florida 32080
05/10/2006	L06000048592
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office shown on	the records of the Florida Dept. of State:
Registered Agent:	Douglas N. Burnett
Registered Office Address:	170 Malaga St. St. Augustine, Florida 32764
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NE</u>	W Registered Office address No.
NEW Registered Agent:	
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	Suite 302B 1301 Plantation Island Drive, S. St. Augustine ,FL32080
If the limited liability company is not organized under the confirmed that after the change or changes are made, the F and the business office of the registered agent will be identiability company, it is hereby confirmed that the change(s of the members of the limited liability company or as other or the operating agreement of the limited liability company	lorida street address of the registered office tical. Or, in the case of a Florida limited was/were authorized by an affirmative vote wise provided in the articles of organization
Signature of a member or authorized representative of a member	_
Douglas N. Burnett Printed or typed name of signee	_
I hereby accept the appointment as registered agent and a comply with the provisions of all statules relative to the pr and I am familiar with and accept the obligations of my po Chapter 608, F.S. Or, if this document is being filed to me address, I hereby confirm that the limited tiability compan	gree to act in this capacity. I further agree to oper and complete performance of my duties, sition as registered agent as provided for in rely reflect a change in the registered office y 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