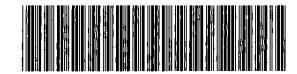
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Certified Copies	_ Certificates	s of Status
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Office Use Only



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SECRETARY OF STATE
AHASSEE, FLORIDA

T. CLINE

APR - 9 2008

EXAMINER



Division of Corporations

March 25, 2008

ROBERT DINGESS P.O. BOX 56 616 N. MAYO STREET CRYSTAL BEACH, FL 34681

SUBJECT: IDEAL MANAGEMENT SERVICES OF GAINESVILLE, LLC

Ref. Number: L06000053413

We have received your document for IDEAL MANAGEMENT SERVICES OF GAINESVILLE, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction或:

We are enclosing the proper form(s) with instructions for your convenience.

The designation of the registered agent must be at a Florida street address.

A post office box is not an acceptable address for the registered agent.

Please return your document, along with a copy of this letter, within 60 days your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6020.

Tammi Cline Regulatory Specialist II

Letter Number: 808A00017694

COVER LETTER

Division of Corporations	
SUBJECT: JOEAL MANAGEMENT SEA (Name of Corporation	DVICES OF GANESVILLE, UC
DOCUMENT NUMBER: LOGOOO53413	
The enclosed Statement of Change of Registered Office/Agent	and fee are submitted for filing.
Please return all correspondence concerning this matter to the fo	allowing.
to the re-	snowing.
ROBERT DINGES (Name of Contact Per	son)
FOEAL DMAGE (Firm/Company)	7 2
P. D. ROX 56 6	SECRETARY OF STATE ALLA ASSEE, FLORID
CRYSTAL REACH (City/State and Zip Co	PH 12: 36 PH 12: 36 PH 12: 36
For further information concerning this matter, please call:	DA 65
(Name of Contact Person) at (A	727) 743-0749 rea Code & Daytime Telephone Number)
Enclosed is a \$35.00 check made payable to the Department of S	State
Mailing Address: Amendment Section Division of Corporations	Street Address: Amendment Section Division of Corporations
P.O. Box 6327	Clifton Building
Tallahassee, FL 32314	2661 Executive Center Circle

Tallahassee, FL 32301

° 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 liability company is: IREAL MANAGEMENT SERVICES OF GAIL	
The same of the sa	ESP
2. The mailing address of the limited liability company is: 616 N. MAYD ST.	—.
P. D. ROX 56, CRYSTAL BEACH, FL 3468)	·
104-12-2005 3. Date of filing/registration in Florida Lobonos 3413 4. Document number	
5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:	
GORPOIRECT AGENTS INC.	
TALLAHASSEE, FL 3230/ City, State and Zip	
6. The name and address of the new registered agent and/or office:	
6. The name and address of the new registered agent and/or office: ROBERT DINGE JS ARRY OF STARE TARRY O	
If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vot of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company. (Signature of a member or authorized representative of a member)	
ROBERT L DINGESS (Printed or typed name of signee)	
I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree comply with the provisions of all statutes relative to the proper and complete performance of my during 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	10 S, 1

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

INHS18 (8/05)