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ALLAHASSEE FLORIDA

COVER LETTER

TO: Registration Section Division of Corporations	•		
SUBJECT: BAYCO INVESTMENT GROUP, (Name of Limited	LLC d Liability Company)		
Dear Sir or Madam:			
The enclosed Registered Agent/Registered Office	Change and fee(s) are submitted for filing.		
Please return all correspondence concerning this m	natter to the following:		
Carrie Brooks (Name of Person)			
Law Firm of John R. Green, P.A. (Firm/Company)			
P.O. Box 349			
(Address)	•		
Panama City, FL 32402			
(City/State and Zip Code)			
For further information concerning this matter, ple	ease call:		
Carrie Brooks at (850) 215-3610		
(Name of Person)	(Area Code & Daytime Telephone 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 am	ount:		
\$25 Filing Fee	\$55 Filing Fee & Certified Copy		

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 limite	ed liability company	is: BAYCO INV	ESTMENT GROUP, LL	С
2. The mailing address o				
	7482 S	HADOW BAY D	RIVE PANAMA CITY	FL 32404
July 27, 2006 L0		L06000074685	L06000074685	
3. Date of filing/registrat	filing/registration in Florida 4. Document number		ber	
5. The name of the registr Florida Department of		egistered office	address as shown or	n the records of the
-	Paul Denaro			
		Name	· · · · · · · · · · · · · · · · · · ·	
	7482 Shadow Bay		<u> </u>	
Address Panama City, FL 32404			97 P SEC	
		ity, State and Z	ip	圣色艺术
6. The name and address		•	-	FILED O7 MAY -4 AM SECKE FACE OF TALLAHASSEE, F
	John R. Green, P	.A.		THE D
	24 W 8th Street	Name		D AM 8: 01 G-STATE FLORIDA
	Florida street add	ress (P.O. Box	NOT acceptable)	
	Panama City	FL 3240		
	City	y, State and Zip)	
If the limited liability corconfirmed that after the cand the business office of liability company, it is he of the members of the lir or the operating agreement	hange or changes are the registered agent reby confirmed that nited liability compant of the limited liab	re made, the Flot t will be identice the change(s) any or as other wility company.	orida street address o cal. Or, in the case o	f the registered office of a Florida limited by an affirmative vote
(Signature of a member or author	rized representative of a mo	ember)		·
Printed or typed name of signee	te o			
I hereby accept the appo comply with the provision and I am familiar with ar Chapter 608, F.S. Or, if address, I hereby confirm	intment as registerents of all statutes related accept the obligations of the document is being that the limited liab	ed agent and ag ative to the prof tions of my pos ng filed to mer bility company	ree to act in this cap eer and complete per ition as registered as ely reflect a change i has been notified in	acity. I further agree to formance of my duties, gent as provided for in in the registered office writing of this change.

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

(Signature of Registered Agent)