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SECRETARY OF STATE

D. BRUCE
JAN 2 8 2008
EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations SUBJECT: Burning Med (Name of	Limited Liability Company)	
Dear Sir or Madam:		
The enclosed Registered Agent/Registered	Office Change and fee(s) are submi	tted for filing.
Please return all correspondence concerning	g this matter to the following:	
RAY MILLER (Name of Person) Burning Meadows, (Firm/Company) 742 Autumncrest (Address) Savasota FL 342 (City/State and Zip Code)	Dr.	08 JAN 28 AM 7: 27 SECRETARY OF STATE TALLAHASSEE. FLORIDA
For further information concerning this mat	ter, please call:	
Ray (Name of Person)	at (<u>941</u>) <u>928-70</u> (Area Code & Daytin	7 / me 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	k
Enclosed is a check for the following	ng amount:	
\$25 Filing Fee	S55 Filing Fee & Certif	fied 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.

agent, or both, in the State of Fioriaa.					
1. The name of the limited liability cor	npany is:	urning	Mead	ows,	LLC
1. The name of the limited liability cor2. The mailing address of the limited li	ability company i	s: <u>742</u>	nnutca	icrest	Dr.
Sarasota FL					
8-09-2006		1060	000079	343	-
3. Date of filing/registration in Florida			nent number		
5. The name of the registered agent and Florida Department of State:				e records of	f the
	Name Autumnc Address asota FL City, State and		<u>. </u>	08 JAN 28 SECRETARY TALLAHASS	
6. The name and address of the new reg	_			<u>m</u> ≺	
_ Kay	Miller Name			AH 7	
_ 742_	Autumnci	rest Di	<u>r. </u>	27 27 28 27	
Florida stree	et address (P.O. B	ox NOT accep	otable)		
Saras	City, State and	3423	2		
	City, State and	Zip			
If the limited liability company is not or confirmed that after the change or change and the business office of the registered liability company, it is hereby confirme of the members of the limited liability or the operating agreement of the limite Cignature of a member of authorized representative Christed or typed name of signes.	ges are made, the agent will be ident that the change company or as othed liability company	Florida street a ntical. Or, in the s) was/were au herwise provide	address of the he case of a F	registered Florida limi	office ited

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, 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, a hereby confirm that the limited liability company has been notified in writing of this change.

(Signature of Registered Agent)