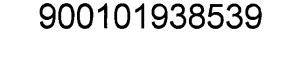
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SECRETARY OF STAIL ONS DIVISION OF CORPORATIONS

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Top Hat Realty, LLC (Name of Limit	ted Liability Company)
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office	e Change and fee(s) are submitted for filing.
Please return all correspondence concerning this	matter to the following:
	matter to the following.
Robert G. Lowe III	
(Name of Person)	
Robert G. Lowe, P.L. (Firm/Company)	DIVISION SEC
(Time company)	PILED FILED STATE OF STATE OF CONFORATION 32
PO Box 16626	O CONTROL OF THE CONT
(Address)	FOR STA
Clearwater, Florida 33766-6626	32 110HS
(City/State and Zip Code)	
For further information concerning this matter, p	lease call:
Robert G. Lowe III at ((727) 647-3700
(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 an	nount:
\$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 limited	d liability company i	S: Top Hat Realty,	LLC	-
2. The mailing address of	the limited liability	company is : PO	Box 16626	
Clearwater, Florida 33766-6	6626			
January 24, 2006		L	06000095333	
3. Date of filing/registrati	on in Florida	4.	. Document number	
5. The name of the registe Florida Department of S	red agent and the reg State:	sistered office add	dress as shown on the re	cords of the
	Robert G. Lowe II	1		
		Name		
28059 US Hwy 19 N, Suite 358				
Address				97 N.S
Clearwater, Florida 33761				<u>=</u> 53
		y, State and Zip		2 05
6. The name and address of	of the new registered	agent and/or offi	ice:	SECRETARY OF STATIONS OF MAY 10 AM 10: 32
	Robert G. Lowe, P.	.L.		760 SEA
		Name		1 1 0 NS
	2744 Summerdale [2
•	Florida street addre	ess (P.O. Box NO	OT acceptable)	
	Clearwater	FL 33761		
	City,	State and Zip		•
If the limited liability comconfirmed that after the chand the business office of liability company, it is her of the members of the limited or the operating agreement (Signature of a member or authority Robert G. Lowe III (Printed or typed name of signee)	nange or changes are the registered agent reby confirmed that the ited liability compan t of the limited liabil	made, the Florid will be identical. he change(s) was any or as otherwise ity company.	la street address of the re Or, in the case of a Flo s/were authorized by an	egistered office rida limited affirmative vote

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, I hereby confirm that the limited liability company 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**