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COVER LETTER

TO:	Registration Section Division of Corporations	•		
SUBJE				
	Name of Lit	nited Liability Company		
Dear S	ir or Madam:			
The en	closed Registered Agent/Registered Office Char	age and fee(s) are submitted for filing.		
Please	return all correspondence concerning this matter	to the following:		
BRIDG	ET MAST			
	Name of Person			
	Firm/Company			
15430 I	KILBIRNIE DRIVE			
	Address			
FORT I	MYERS, FL 33912			
	City/State and Zip Code			
bridget(@culliganman.net			
E	-mail address: (to be used for future annual repo	rt notification)		
For fur	ther information concerning this matter, please of	all:		
BRIDG	ET MAST 2	39 218-4447		
	Name of Person	Area Code & Daytime Telephone Number		
	Mailing Address: Registration Section Division of Corporations P.O. Box 6327	Street Address: Registration Section Division of Corporations The Centre of Tallahassee		
	Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		
	Enclosed is a check for the following amoun	t:		
	■ \$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 605.0114 or 605.0116, 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. Na	ame of the limited liability company: RUSTY, LLC				
2. (a)	FREDERICK P. SWING		(b) C/O DAVI	D HOLMES	
, (,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		· / ———	Mailing address of limited li (Note: MAY BE POST C	
	24010 HARBORVIEW ROAD		99 NESBIT	STREET	
	PORT CHARLOTTE, FL 33980	_	PUNTA GO		
	10/18/2006		L060001015	78	
3.	Date of filing/registration in Florida	4.		Document number	
5. (a)	HOLMES, DAVID A.				
٠,	Registered Agent and Registered Office shown on the records of t	he Flor	ida Dept. of State	:	
	Registered Office Address (MUST BE FLORIDA STREET A	(DDRE			D.3
	99 NESBIT STREET			•	7 7 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9
(b) .	PUNTA GORDA , FL	33950			* · · · · · · · · · · · · · · · · · · ·
	BRIDGET MAST				(3 1 =
	Enter name of NEW Registered Agent and/or NEW Registered	Office	address:	-	ίψ.
					60
	NEW Registered Office Address:		· · · · · · · · · · · · · · · · · · ·		
	15430 KILBIRNIE DRIVE				
		,	· <u> </u>	•	
	FORT MYERS . FL	33912			
change agent was/we the arti Signal I herei provisi the oblito mere	imited liability company is not organized under the law or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited lia ere authorized by an affirmative vote of the members of cless of organization or the operating agreement of the law of a member or authorized representative of a member of the law accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete properties of the properties of the provided agent as provided at the properties of the prop	registe bility f the li limited FI	ered office and company, it is imited liability I liability com REDERICK P. S	the business office of hereby confirmed that company or as otherw pany. SWING Printed or typed name of society. I further agree to	the registered the change(s) vise provided in