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SECRETARY OF STATE

COVER LETTER

Division of Corporations					
SUBJECT: Mohawk Investment Group, LLC					
(Name of Limited Lia	bility Company)				
Dear Sir or Madam:					
The enclosed Registered Agent/Registered Office Char	ge and fee(s) are submitted for filing.				
Please return all correspondence concerning this matter	to the following:				
F.					
Michael Holbrook	·				
(Name of Person)					
(Firm/Company)					
· · ·					
3519 Bellington Drive					
(Address)					
Orlando, FL 32835					
(City/State and Zip Code)					
\					
For further information concerning this matter, please of	all:				
F					
Michael Holbrook at (407	295-9282				
(Name of Person)	(Area Code & Daytime Telephone Number)				
	•				
STREET/COURIER ADDRESS:	MAILING ADDRESS:				
	Registration Section				
	Division of Corporations P.O. Box 6327				
	Tallahassee, Florida 32314				
Tallahassee, Florida 32301	,				
Enclosed is a check for the following amount	:				
\$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 limit	ed liability company is:	Mohawk In	vestment Group, LLC		
2. The mailing address o	of the limited liability co	mpany is :	3519 Bellington Drive		
Orlando, FL 32835	•	• •			
			1.0000422074		
December 26, 2006 L06000122074		· · · · · ·	· · · · · · · · · · · · · · · · · · ·		
3. Date of filing/registrat	tion in Florida		4. Document numb	er	
5. The name of the register Florida Department of		tered office	e address as shown on	the records of t	he
	Daniel R. Jensen				
		Name			
	9124 Mid Pines Ct.				
		Address		2001 DEC SECHETA TALLAHA	
Orlando, FL 32819			- CG: 10	12.879(17817)	
	City,	State and 2	Lip		CELEMEN F B
6. The name and address of the new registered agent and/or office:				SS 99	H
	A (1) - 1				m
	Michael Holbrook	· · · · · · · · · · · · · · · · · · ·			
Name 3519 Bellington Drive		SE :			
Florida street address (P.O. Box NOT acceptable)		N 4:51 F STATE FLORIDA			
	r iorida street address	(1.0. вол	. NOT acceptable)	·	
	Orlando	FL 328	35	<u> </u>	
	City, S	tate and Zi	p		
If the limited liability conconfirmed that after the condition the business office of liability company, it is he of the members of the limit or the operating agreement of the limit of a member or authority and the liability company.	change or changes are many the registered agent with the registered agent with the mited liability company and of the limited liability was the li	ade, the Floor in the floor in the change (s) or as other company.	orida street address of cal. Or, in the case of was/were authorized	f the registered of f a Florida limite by an affirmativ	office ed ve vote
Daniel R. Jensen		•			
(Printed or typed name of signee))	· · · · · ·	•		
I hereby accept the appo comply with the provision and I am familiar with an Chapter 608, F.S. Or, if address, I hereby confirm	intment as registered as ns of all statutes relative ad accept the obligation this document is being f what the limited liabilit	gent and as to the pro s of my pos iled to mer y company	gree to act in this cape per and complete per lition as registered ag ely reflect a change in has been notified in v	acity. I further of formance of my ent as provided n the registered writing of this cl	agree to duties, for in office hänge.

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

(Signature of Registered Agent)