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07 JUN 29 AM II: 33
SECRETANT OF STATE
TALLAHASSEE, FLORIDA

Bruce J. Sperry, P.A.

Velephońe (813) 754-3030

-- Attorney at Law
1003 Alexander St. South
Suite 1
Plant City, Florida 33563-8400

Telecopier (813) 754-3928

June 28, 2007

Florida Department of State Division of Corporations Post Office Box 6327 Tallahassee, Florida 32314

RE: MB&G II, LLC

Dear Sir or Madam:

Please find enclosed original and one copy of Statement of Change of Registered Agent for MB&G II, LLC, together with my firm check in the amount of \$25.00 to cover the filing fee.

Thank you for your attention to this matter.

Sincerely,

BRUCE J. SPERRY

Bruce J. Sperry

Enclosures
bjs\corp\A\1937a4.ltr

97 JUN 29 AH II: 33
SECRETAR (G. STATE
TALLAHASSEE, FLORIDA

E2177141117

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provision liability company submit agent, or both, in the State	s the following statem	6 or 608.508, Florida Statutes ent in order to change its regis	, the undersigned limited stered office or registered	
1. The name of the limit	ed liability company is	MB & G II, LLC		
2. The mailing address of	f the limited liability co	ompany is: <u>6791 W. Newber</u>	ry Road,	
Gainsville, Fl	orida 32605.			
<u>January 24, 20</u>	07	L0700008994		
3. Date of filing/registrat	ion in Florida	4. Document number		
5. The name of the regist Florida Department of		stered office address as shown of	on the records of the	
	Keni	neth A. Keith		
		Name	O7 SE	
	1202	2 <u>Monte Lake Drive</u> Address		
	Val	rico, Florida 33594	N 29 HASS	
	City	, State and Zip		
6. The name and address	of the new registered a	gent and/or office:	AN II:33 Or STATE EF. FLORIDA	
	Har	shadbhai Patel	REA 33	
		Name	Þ	
		Candlelight Boulevard ss (P.O. Box NOT acceptable)		
	i iorida sireet addres	is (1.0. box 1101 acceptable)		
	Brooksville	•		
	City, S	State and Zip		
confirmed that after the cand the business office of liability company, it is he	hange or changes are not the registered agent was reby confirmed that the nited liability company	under the laws of the State of F nade, the Florida street address vill be identical. Or, in the case e change(s) was/were authorized or as otherwise provided in the ty company.	of the registered office of a Florida limited d by an affirmative vote	
V H.R.Party	<u> </u>			
(Signature of a member or autho	rized representative of a memb	per)		
Harshadbhai Patel (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 confirn	intment as registered on the statutes relatives of all statutes relative and accept the obligation this document is being that the limited liabili	agent and agree to act in this ca be to the proper and complete pe ns of my position as registered of filed to merely reflect a change ity company has been notified ir	pacity. I further agree to erformance of my duties, agent as provided for in in the registered office writing of this change.	
(Signature of Registered Agent)	9			
- (SPIECES OF TOPISMENT LEPHIN)				

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

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 l	liability compa	nvis. MR>T	LLC			
2. The mailing address of the				Road.		· ·
_		nty company is :or_	or we henderly	Roady		<u> </u>
Gainsville, Flor	1.da 32605.					 •
January 24, 2007 L070000		_07000008994	3994			
3. Date of filing/registration in Florida 4. Document number 4.				1		
5. The name of the registere Florida Department of Sta		e registered office add	ress as shown on th	ne records	of the	;
,		Kenneth A. Keith				
		Name		•		
-		1202 Monte Lake 1 Address	Drive			
			33594			
-		Valrico, Florida City, State and Zip	33774			
6. The name and address of	the new registe	ered agent and/or offic	e:	ALI ALI	07	
	· ·	-		CRE	JUN 29	$\neg \cap$
		Harshadbhai Pate	1	IASS IASS	2	
		Name 965 Candlelight	Poulovard	SE		
_	Florida street a	ddress (P.O. Box NO				
	i ioiida savat a	(1.0, Box 110	a deceptatione)	SEE, FLORIDA	酬山: 3	
_		ille, FL 34601		음됬	ယ	4.3,35
	(City, State and Zip		D		
If the limited liability comp confirmed that after the cha and the business office of the liability company, it is here of the members of the limit or the operating agreement	nge or changes ne registered ag by confirmed to ted liability cor of the limited l	s are made, the Florida gent will be identical, hat the change(s) was/ mpany or as otherwise iability company.	street address of the or, in the case of a were authorized by	he register i Florida li v an affirm	ed off mited ative	vote
(Signature of a member or authorize	d representative of	a member)				
Harshadbhai Patel	·					
(Printed or typed name of signee)					_	
I hereby accept the appoint comply with the provisions and I am familiar with and Chapter 608, F.S. Or, if the address, I hereby confirm to	tment as regist of all statutes r accept the obli is document is hat the limited	ered agent and agree is elative to the proper a gations of my position being filed to merely reliability company has	to act in this capac and complete perfo as registered age eflect a change in been notified in wr	eity. I furth rmance of nt as provi the registe riting of th	per ag my di ded fo red oj is cha	ree to uties,)r in lfice nge.
(Signature of Registered Agent)						

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