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VLLAHASSEE, FLORIDA

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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Elizabeth Group, LLC (Name of	f Limited Liability Company)
Dear Sir or Madam:	
The enclosed Registered Agent/Registered	Office Change and fee(s) are submitted for filing.
Please return all correspondence concernir	ng this matter to the following:
David S. Oliver, Esq.	
(Name of Person)	
Baker & Hostetler, LPP	
(Firm/Company)	0.0
P.O. Box 112	7 AUI
(Address)	——————————————————————————————————————
Orlando, FL 32802-0112	17ARY OF STATE
(City/State and Zip Code)	07 AUG -9 PM 2: 44 SECRETARY OF STATE FALLAHASSEE, FLORIDA
For further information concerning this ma	atter, please call:
David S. Oliver, Esq.	at (407) 649-4025
(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 follow	ving amount:
\$25 Filing Fee	\$55 Filing Fee & Certified Copy

INHS18 (8/05)

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	y is: Elizabeth Group, LLC				
2. The mailing address of	of the limited liabilit	ty company is : 7025 County Ros	ad 46A, Suite 1071, L	_ake Mary	, Floirda	<u>3</u> 2746
1/31/07		L070000117	80			_• _
3. Date of filing/registra	tion in Florida	4. Documer	nt number			
5. The name of the regist Florida Department of		registered office address as sh	own on the reco	rds of th	he	
	Stephen, Jennif	fer				
		Name				
	1485 Internationa	al Parkway, Suite 1001				
	=	Address				
	Heathrow, FL 32	2746 City, State and Zip				
		1		5740	0	
6. The name and address	of the new registere	ed agent and/or office:		ESC.	07 AUG	
	David S. Oliver, I	Esa.		部	G	
		Name		HASSEE.	-9	
	2300 SunTrust Ce	enter, 200 S. Orange Avenue	<u> </u>	ĤΩ	PH	
	Florida street add	dress (P.O. Box NOT accepta	ble)	HOH TST/	1 2:44	
	Orlando,	FL 32801-3432		₽₩	44	
	Ci	ty, State and Zip				
confirmed that after the cand the business office o liability company, it is he	change or changes a f the registered ager ereby confirmed tha mited liability compent of the limited liab	•	dress of the regist case of a Florid norized by an aff	stered o la limite firmativ	ffice d e vote	
(Printed or typed name of signed	Nwaigwe					
I hereby accept the appo comply with the provisio and I am familiar with a Chapter 608, F.S. Or, if address, I hereby confirm	ointment as register ns of all statutes rel nd accept the obliga this document is be n that the limited lia	ed agent and agree to act in the lative to the proper and compl ations of my position as regist ing filed to merely reflect a cl ability company has been notij	his capacity. I fi lete performance ered agent as pr nange in the reg lied in writing of	urther a of my ovided istered f this ch	igree to duties, for in office aange)

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

INHS18 (8/05)

(Signature of Registered Agent)