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109. Thomas FEB 2 6 2008

M. Thomas FEB 2 6 2008

COVER LETTER

TO: Registration Section Division of Corporations				
SUBJECT: Unified Holdings, LLC (Name of	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 concerning	g this matter to the following:			
Robert Armstrong c/o John Burton				
(Name of Person)	OB FEB 25 AM OF STA			
Unified Holdings, LLC	五元·25			
(Firm/Company)	mon a			
860 Grand Rapid Boulevard	CRETARY OF STATE			
(Address)				
Naples, FL 34120				
(City/State and Zip Code)				
For further information concerning this mat	ter, please call:			
Robert Armstrong	at (314) 443-7051			
(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	ng 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.

ugent, or voin, in the sid	•			
I. The name of the limit	ed liability company	is: Unific	ed Holdings, LLC	•
2. The mailing address of	of the limited liability	compan	y is : 860 Grand Rapid Bo	pulevard
Naples, FL 34120				•
05/30/2007	L07000057062			
3. Date of filing/registra	ing/registration in Florida 4. Document no		nber	
5. The name of the regist Florida Department of		gistered	office address as shown	on the records of the
-	Bailey, Ronald Jf	R		
		Nam	ie	
		Addr	ess	
	-			
City, State and Zip			700	
6. The name and address of the new registered agent and/or office:			FILED IM 10: 57 08 FEB 25 IM 10: 57 SECRETARY OF STATE TALLAHASSEE, FLORID	
Robert Armstrong Name Name				
c/o John Burton - 860 Grand Rapid Blvd.			Pro G	
Florida street address (P.O. Box NOT acceptable)			957	
	Naples,	FL	34120	
	City	, State a	nd Zip	
If the limited liability co confirmed that after the	mpany is not organize change or changes are	ed under e made, t	the laws of the State of line Florida street address	Florida, it is hereby of the registered office

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

(Signature of a member or authorized representative of a member)

(Printed or typed name of signee)

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

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