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COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: Davis Resources 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	this matter to the following:		
Arlene C. Udick, Esq.			
(Name of Person)			
	·		
Law Office of Arlene C. Udick P.A. (Firm/Company)	——————————————————————————————————————		
(CT PRINT		
P.O. Box 2094	26		
(Address)	——————————————————————————————————————		
	OT OCT 26 PM 1: 40		
Lady Lake, FL 32158-2094 (City/State and Zip Code)			
(Only) State and 21p code)			
For further information concerning this matt	ter, please call:		
5	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
Arlene C. Udick, Esq.	at (352) 391-1888		
(Name of Person)	(Area Code & Daytime Telephone Number)		
STREET/COURIER ADDRESS: Registration Section	MAILING ADDRESS: Registration Section		
Division of Corporations	Division of Corporations		
Clifton Building	P.O. Box 6327		
2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee, Florida 32314		
Enclosed is a check for the following	ng 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 limite	ed liability compa	any is: Davis Re	sources LLC	
2. The mailing address o	f the limited liabi	ility company is	:	,
1950 Laurel Manor Drive, S	Suite 124, The Villa	ages, Florida 321	62	
July 1, 2007			L07000068530	
3. Date of filing/registration in Florida			4. Document number	er
5. The name of the registresistance Florida Department of		e registered offi	ce address as shown on	the records of the
•	Arlene C. Udio	ck, Esq.		
•		Name	_	
109 N. Old Dixie Highway				0, 45
Address			O SICK	
Lady Lake, FL 32159 City, State and 2		7in	马鬃	
		• •	•	26 825
6. The name and address	of the new regist	ered agent and/	or office:	P 285.
	Arlene C. Udic	k. Esa.		OT OCT 26 PM 1:40
Name			i gr	
39245 Tacoma Drive				رن ال
Florida street address (P.O. Box NOT acceptable)				
	Lady Lake,	FL 32	159	
	•	City, State and 2	Zip	
If the limited liability corconfirmed that after the cand the business office of liability company, it is he of the members of the lin or the operating agreeme	change or changes If the registered age reby confirmed to mited liability con nt of the limited l	s are made, the ligent will be ider that the change(smpany or as oth liability compan	Florida street address of stical. Or, in the case of s) was/were authorized lerwise provided in the a	the registered office a Florida limited by an affirmative vote
Arlene C. Udick				
(Printed or typed name of signee)		-	
I hereby accept the apportunity with the provision and I am familiar with an Chapter 608, F.S. Or, if address, I hereby confirm (Signature of Registered Agent)	nintment as regist ns of all statutes in ad accept the obli this document is n that the limited	ered agent and relative to the pi gations of my p being filed to m liability compar	agree to act in this capa roper and complete perj osition as registered ago erely reflect a change in ny has been notified in w	ncity. I further agree to formance of my duties, ent as provided for in the registered office writing of this change.

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