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(Re	equestor's Name)	
(Ad	ldress)	
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SECRETARY OF STATE SECRETARY OF STATE

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TO: Registration Section Division of Corporations		
SUBJECT: Lucknow, 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:	
Kristie Busby		
(Name of Person)		
Matthews & Hawkins, P.A.  (Firm/Company)	07 DEC -7 AH 10: 58 SECRETARY OF STATE FALLAHASSEE. FLORIDA	
4475 Legendary Drive	THASSEE FLORING	
(Address)	FLORE TO STA	
Destin, Florida 32541	SA O	
(City/State and Zip Code)		
For further information concerning this matt	ter, please call:	
Kristie Busby	_ at ( 850) 837-3662	
(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	

## 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 liability company is: $\underline{L}$	ucknow, LLC	
2. The mailing address of the limited liability comp	oany is : <u>3925 W. Co. Rd. 30-A, Suite B</u> .	
Santa Rosa Beach, Florida 32459	<u> </u>	
07/11/2007	L07000072008	
3. Date of filing/registration in Florida	4. Document number	
5. The name of the registered agent and the register Florida Department of State:	ed office address as shown on the records of the	
Great Southern De	velopers, LLC	
	ame	
3925 W. Co. Rd. 30-	A, Suite B	
	dress	
Santa Rosa Beach, Florida 32459		
City, Sta	ite and Zip	
City, State and Zip  6. The name and address of the new registered agent and/or office:  Dana C. Matthews		
Dana C. Matthews	ション ション 一般 コード	
Nar	ne Sili	
4475 Legendary Driv	e mg 3	
Florida street address (P	ne e .O. Box NOT acceptable)	
Destin, Florida 32541 <sub>F</sub>		
City, State	and Zip	

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 perating agreement of the limited liability company.

(Signature of a member of 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)