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M. Thomas MAR 26 2008

COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: Dr. Droker LLC

(Name of Corporation)

DOCUMENT NUMBER: L07000078598

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Jason L. Harr, Esquire
(Name of Contact Person)

Law Offices of Jason L. Harr, P.A.

(Firm/Company)

1326 South Ridgewood Avenue, Suite One (Address)

Daytona Beach, Florida 32114

Please return all correspondence concerning this matter to the following:

(City/State and Zip Code)

For further information concerning this matter, please call:

ins matter, piease ea

Jason L. Harr, Esquire
(Name of Contact Person)

at (386) 226-4866 (Area Code & Daytime Telephone Nitraber)

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



February 5, 2008

JASON L. HARR ESQ 1326 SOUTH RIDGEWOOD AVENUE STE ONE DAYTONA BEACH, FL 32114

SUBJECT: DR. DROKER LLC Ref. Number: L07000078598

We have received your document for DR. DROKER LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6097.

Marsha Thomas Regulatory Specialist II

Letter Number: 008A00007599



FLORIDA DEPARTMENT OF STATE Division of Corporations

March 13, 2008

JASON L. HARR ESQ 1326 SOUTH RIDGEWOOD AVENUE STE ONE DAYTONA BEACH, FL 32114

SUBJECT: DR. DROKER LLC Ref. Number: L07000078598

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Marsha Thomas Regulatory Specialist II

Letter Number: 008A00007599

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: _____ Dr. Droker, LLC 2. The mailing address of the limited liability company is: 106 North Old Kings Road Ormond Beach, Florida 32174 3. Date of filing/registration in Florida 4. Document number 5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State: <u>Jason L. Harr, Esquire</u> Name 6 Coquina Cliff Circle Address Ormond Beach, Florida 32174 City, State and Zip 6. The name and address of the new registered agent and/or office: Jason: L. Harr, Esquire Name 1326 South Ridgewood Avenue, Ste. One Florida street address (P.O. Box NOT acceptable) Daytona Beach, FL 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 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.

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