DD00082641

(Requestor's Name)	
(Address)	200160838082
375 N. Stephanie St., Suite 1411 • Henderson, NV 89014	1-8909 • USA
(City/State/Zip/Phone #)	09/21/0901011004 **25
(Business Entity Name)	nation to the property of the
(Document Number)	A
Certified Copies Certificates of Status.	
Special Instructions to Filing Officer:	er tous .
L. SELLERS	
SEP 2 2 2009	
EXAMINER	

Office Use Only

**25.00

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.

agent, or both, in the blace of thornau.	
1. Name of the limited liability company:SRM	GROUP, LLC
2. (a) Principal office address of limited liability compan	y: SRM GROUP, LLC
(Note: MUST BE STREET ADDRESS)	2386 CLOWER ST. CZII SNELLVILLE, GA 30078
(b) Mailing address of limited liability company:	SRM GROUP, LLC
(Note: MAY BE POST OFFICE BOX)	2386 CLOWER ST., CZII SNELLVILLE, GA 30078
AUGUST (0, 2007) 3. Date of filing/registration in Florida	L07000082641
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office shown on	the records of the Florida Dept. of State:
Registered Agent:	Michael I. Nadeau
Registered Office Address:	25145 NW8th Pace Stell Newberry, FL 32409
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Agent</u> : NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	W Registered Office address: [NCORP SERVICES, INC. 17888 67TH COURT NORTH LOXAHATCHEE ,FL 33470
If the limited liability company is not organized under the confirmed that after the change or changes are made, the F and the business office of the registered agent will be identiability company, it is hereby confirmed that the change(s of the members of the limited liability company or as other or the operating agreement of the limited liability company. Stemature of a member or authorized representative of a member Printed or typed name of signee I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the province of the province of the obligations of my performance of the province of the province of the province of the province of the obligations of the province	Florida street address of the registered office tical. Or, in the case of a Florida limited s) was/were authorized by an affirmative vote erwise provided in the articles of organization y. Agree to act in this capacity. I findler agree to act in this capacity. I findler agree to observe and complete performance of my duties, osition as registered agent as powered for inverse of the change in the registered office my has been notified in writing of this change.

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