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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: LITTLE TADPOLE MHP, LL Name of Limited Liability Company	.C
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Change and fee(s) are	e submitted for filing.
Please return all correspondence concerning this matter to the following	g:
Joe B. Cox	
Name of Person	
Joe B. Cox, Attorney at Law	
Firm/Company	
1185 Immokalee Road, Ste. 110	
Address	
Naples, FL 34110 City/State and Zip Code	
jcox@coxcarlson.com E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
George Mantzidis at (239)	438-4609
	rtime Telephone Number
STREET/COURIER ADDRESS: MAILING ADDI	RESS:
Registration Section Registration Section	
Division of Corporations Division of Corpo Division of Corpo Division of Corpo Division of Corpo	rations
Clifton Building P.O. Box 6327 2661 Executive Center Circle Tallahassee, Florid	J. 22214
2661 Executive Center Circle Tallahassee, Florida 32301	Ja 32314
Enclosed is a check for the following 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.

Name of the limited liability company:	LITTLE TADPOLE MHP, LLC	
2. (a) Principal office address of limited liability com	pany:	
(Note: MUST BE STREET ADDRESS)	28 BAMBOO DRIVE S 8 NAPLES FL 34112	_
(b) Mailing address of limited liability company:	SSEED STEED	
(Note: MAY BE POST OFFICE BOX)	28 BAMBOO DRIVE TO SERVICE NAPLES FL 34112	_
02/18/2008	L080000172 2 4	
3. Date of filing/registration in Florida	4. Document number	
5. (a) Registered Agent and Registered Office shown	n on the records of the Florida Dept. of State:	
Registered Agent:	NRAI SERVICES, INC.	
Registered Office Address:	515 E. PARK AVENUE TALLAHASSEE FL 32301 US	<u>-</u>
 (b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW</u> Registered Agent: <u>NEW</u> Registered Office Address: 	NEW Registered Office address: George Mantzidis 1185 Immokalee Road, Ste. 110	
(MUST BE FLORIDA STREET ADDRESS)		_
	Naples ,FL34110	
If the limited liability company is not organized under confirmed that after the change or changes are made, t and the business office of the registered agent will be i liability company, it is hereby confirmed that the chan of the members of the limited liability company or as or the operating agreement of the limited liability company or as or the operating agreement of the limited liability company or as or the operating agreement of the limited liability company or as or the operating agreement of the limited liability company.	the Florida street address of the registered office	e 1
Printed or typed name of signee		
I hereby accept the appointment as registered agent a comply with the provisions of all statutes relative to the and I am familiar with and accept the obligations of many Chapter 608, F.S. Or, if this document is being filed to address. Thereby confirm that the limited liability companies of Registered Agent.	and agree to act in this capacity. I further agree be proper and complete performance of my duties by position as registered agent as provided for in a merely reflect a change in the registered office apany has been notified in writing of this change.	to s, ! :

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