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(Business Entity Name)		
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COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: PLAN B NEAL ESTATE 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:		
PAUL B. KOODS ESO. Name of Person PAUL WOODS LAND Firm/Company 1221 BRICKELL AV. 9 ⁺⁵ FLR. SUITE 900 Address MIAM, FL 33131 City/State and Zip Code PWOODS LAND & GMAIL. COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call:		
Tim AKERS at (954) 205-7976		
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 amount:		
\$25 Filing Fee \$55 Filing Fee & Certified Copy		

INHS18 (5/08)

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. Name of the limited liability company:	3 REAL ESTATE LLC
2. (a) Principal office address of limited liability compar	- au 18
(Note: MUST BE STREET ADDRESS)	FT. LAUDERDAUR FL 33315
(b) Mailing address of limited liability company:	
(Note: MAY BE POST OFFICE BOX)	
5/16/2008	10800049240
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office shown or	the records of the Florida Dept. of State
Registered Agent:	BLUE WATER PARTERS
Registered Office Address:	1005 SA BY #105 FL 33315
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Agent</u> :	PAUL B. WOONS
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	1221 BILICKEL A.Y., SUITE 900
If the limited liability company is not organized under the confirmed that after the change or changes are made, the and the business office of the registered agent will be ider liability company, it is hereby confirmed that the change of the members of the limited liability company or as other or the operating agreement of the limited liability company. Signature of a member or authorized representative of a member	e laws of the State of Florida, it is hereby Florida street address of the registered office htical. Or, in the case of a Florida limited s) was/were authorized by an affirmative vote erwise provided in the articles of organization
Tionothy IC. AKENS - MMISS. 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 plant I am familiar with and accept the obligations of my p Chapter 608, F.S. Or, if this document is being filed to maddress, Thereby confirm that the similed liability company	agree to act in this capacity. I further agree to roper and complete performance of my duties, osition as registered agent as provided for in erely reflect a change in the registered office ny has been notified in writing of this change.
Signature of Registered Agent	

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