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TIMOTHY J. SLOAN, P.A.

ATTORNEYS AND COUNSELORS AT LAW 427 MCKENZIE AVENUE POST OFFICE BOX 2327 PANAMA CITY, FLORIDA 32402-2327

TIMOTHY J. SLOAN* CHARLES J. STAFFORD *ALSO MEMBER OF DISTRICT OF COLUMBIA AND MISSOURI BARS TELEPHONE (850) 769-2501 FACSIMILE (850) 769-0824

June 5, 2009

VIA FEDERAL EXPRESS

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301

Re: Callaway Investments Too, LLC

• **

Gentlemen:

Enclosed please find an original Statement of Change of Registered Office or Registered Agent or both for Limited Liability Company for the above referenced company, together with a check in the amount of \$25.00 to cover the cost of filing. Please file this Statement at your earliest convenience.

Thank you for your assistance with this matter. If there are any questions, please do not hesitate to call collect.

Sincerely,

TIMOTHY J. SLOAN, P. A. Timothy

TJS/mf Encl.

COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT: CALLAWAY INVESTMENTS TOO B, 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:

TIMOTHY J. SLOAN Name of Person

TIMOTHY J. SLOAN, P.A. Firm/Company

427 McKENZIE AVENUE Address

PANAMA CITY, FL 32401 City/State and Zip Code

tsloan@sloanpa.com E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Timothy J. Sloan Name of Person 850)

at (

769-2501

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

STATEMENT OF CHANGE OF REGISTERED OFF BOTH FOR LIMITED LIABILITY COMPANY	TICE OR REGISTERED AGENT OR
Pursuant to the provisions of sections 608.416 or 608. liability company submits the following statement in ora agent, or both, in the State of Florida.	508, Florida Statutes, the undersigned limited ler to change its registered office or registered
1. Name of the limited liability company:Call	away Investments Too B, LLC
2. (a) Principal office address of limited liability compar	ıy:
(<i>Note: MUST BE STREET ADDRESS</i>)	3412 West 15th Street Panama City, FL 32401
(b) Mailing address of limited liability company:	
	3412 West 15th Street
12/22/2006	208000054455 3 5
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:	Henry L. Perry
Registered Office Address:	2612 West 15th Street Panama City, FL 32401
(b) Enter name of NEW Registered Agent and/or NE	W Registered Office address:
NEW Registered Agent:	Timothy J. Sloan
<u>NEW</u> Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	427 McKenzie Avenue
	Panama City ,FL 32401
If the limited liability company is not organized under the confirmed that after the change or changes are made, the l and the business office of the registered agent will be ider liability 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.	Florida street address of the registered office ntical. Or, in the case of a Florida limited s) was/were authorized by an affirmative vote erwise provided in the articles of organization
Nathan L. Head, Managing 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

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 Agon

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

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