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J. BRYAN
FEB - 5 2009
EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: The Loudermilk Name of Limite	Group LLC ed 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 n	natter to the following:
Lean Loudermilk Name of Person	
The Loudermilk Group, Ll	SECRE FEE
509 83cd Street	RETARY OF AMASSEE.
Holmes Beach, FL 34217 City/State and Zip Code	TORAL LORAL
E-mail address: (to be used for future annual report notificat	ion)
For further information concerning this matter, ple	ease call:
lean Loudermilk at (941) 504-1318 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 am	ount:
\$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: The Lot	udermilk Group, LLC	
2. (a) Principal office address of limited liability company	and market as	
(Note: MUST BE STREET ADDRESS)	Holmes Beach, FL 34217	
(b) Mailing address of limited liability company:	509 83 rd 51	
(Note: MAY BE POST OFFICE BOX)	Holmes Beach, PL 34217	
O1/08/09 3. Date of filing/registration in Florida	L 6900000 2447 4. Document number	
5. (a) Registered Agent and Registered Office shown on t	he records of the Florida Dept. of State:	
Registered Agent:	United States Corporation Agents, Inc.	
Registered Office Address:	13302 Winding Oaks Blud	
	Tampa, FL 33/0/2	
(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:		
NEW Registered Agent:	InCorp Services, Inc.	
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	Loxanatonee FL 33470	
If the limited liability company is not organized under the la confirmed that after the change or changes are made, the Fl and the business office of the registered agent will be identiliability 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. Signature of a member or authorized representative of a member LON OLGE (MI) Printed or typed name of signce I hereby accept the appointment as registered agent and as comply with the provisions of all statutes relative to the province of an authorized representative to the province of the province	aws of the State of Florida, it is hereby orida street address of the registered office cal. Or, in the case of a Florida limited was/were authorized by an affirmative vote wise provided in the articles of organization	