L09000018271		
(Requestor's Name) (Address) (Address)	300145394463	
(City/State/Zip/Phone #)	03/26/0901004009 **50.00	
(Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:	RECEIVED 09 MAR 25 PH 2: 35 DIVISION DE STATE DIVISION DE SORPORATIONS TALEZANAS SEE, FLORIDAS	
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Registration Section Division of Corporations Department of State Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 ROBERT S. HIGHTOWER ATTORNEY AT LAW 128 SALEM COURT POST OFFICE BOX 4165 TALLAHASSEE, FLORIDA 32315-4165

TELEPHONE (850) 222-3363 TELECOPIER (850) 222-0992 E-MAIL: rsh@hightowerlaw.com www.hightowerlaw.com

March 25, 2009

Hand Delivery

Dear Sir or Madam:

Enclosed please find Registered Agent/ Registered Office Change forms and filing fee of \$50.00 submitted for filing. Please return all correspondence related to this matter to:

Robert S. Hightower P.O. Box 4165 128 Salem Court Tallahassee, Florida 32301

Please call if questions. Thank you for assisting with these matters.

Robert S. Hightower

RSH/jdh Enclosures

cc: Lowell R. Clary (w/encl).

## 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: <u>P-3 Dev</u>	elopment Company - US 331, LLC
<ol> <li>(a) Principal office address of limited liability con (<i>Note: MUST BE STREET ADDRESS</i>)</li> </ol>	npany: <u>Suite 200</u> <u>2260 Wednesday Street</u> <u>Tallahassee, Florida 32308</u>
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	Suite 200 2260 Wednesday Street Tallahassee, Florida 32308
2/24/2009	L09000018271
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:	ROBERT S. HIGHTOWER
Registered Office Address:	128 Salem Court Tallahassee, Florida 32301
(b) Enter name of <b>NEW Registered Agent</b> and/or	<u>NEW Registered Office address</u> :
NEW Registered Agent:	LOWELL R. CLARY

<u>NEW</u> Registered Office Address: (MUST BE FLORIDA STREET ADDRESS) Suite 200 2260 Wednesday Street Tallahassee \_\_\_\_\_,FL 32308

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If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

(Signature of a member or authorized representative of a member)

LOWELL R. CLARY

(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 comply with the provisions of all statutes relative to the proper and complete performance of my auties, 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.

Registered Agent) (Signature

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