LAUCHLIN TENCH WALDOCHO CAROLYN D. OLIVE+ CURTIS B. HUNTER

POST OFFICE BOX 12458 TALLAHASSEE, FLORIDA 32317-2458

*FLORIDA BAR CERTIFIED WILLS, TRUSTS & ESTATES +FLORIDA BAR CERTIFIED TAX OFLORIDA BAR CERTIFIED ELDER LAW

September 16, 1999

Florida Department of State Division of Corporations Post Office Box 6327 Tallahassee, FL 32314

Re:

Ingram Group, LLC

Dear Sir/Madam:

Enclosed is an original and one copy of a Statement of Change of Registered Office or Registered Agent or Both for Limited Liability Company and our firm check in the amount of \$25.00 which represents the filing fee.

Please return the copy marked "filed" to us in the enclosed addressed, stamped envelope. Thank you.

Very truly yours.

Lori L. Sumner

Legal Assistant to Timothy J. Warfel

/11s

Enclosures

M. Ingram cc:

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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. The name of the limited liability company is:	Group, LLC	
2. The mailing address of the limited liability company is:	239 E. Virginia	Street
	Tallahassee, FL	32301
<u> </u>	59-33789 <u>4</u>	1
3. Date of filing/registration in Florida	4. Document numb	ег
5. The name of the registered agent and the registered office Florida Department of State:	address as shown on t	he records of the
W. Bradley Mun:	roe	
Name	er Class of	* . .
239 E. Virginio Address	a street	-
Tallahassee, FL	32307	
City, State and Zi	p	
6. The name and address of the new registered agent and/or of	office:	
m. 17		ं ज़
Timothy J. Warfel		5: 00
Name 2039 Centre Pointe Boule	evard	
Florida street address (P.O. Box I	NOT acceptable)	
Tallahassee, FL	32308	
City, State and Zip		
If the limited liability company is not organized under the confirmed that after the change or changes are made, the Fl and the business office of the registered agent will be iden liability company, it is hereby confirmed that the change(s) of a majority of the members of the limited liability company organization or the regulations of the limited liability company organization or the regulations of the limited liability company. (Signature of a member or authorized representative of a member)	orida street address of tical. Or, in the case was/were authorized to y or as otherwise prov	f the registered office of a Florida limited
Malcolm Ingram		
(Printed or typed name of signee)	-2/ #* -	
I hereby accept the appointment as registered agent and agre comply with the provisions of all statutes relative to the prop and I am familiar with and accept the obligations of my document is being filed to merely reflect a change in the regi the limited liability company has been notified in writing of the Mue Wy (Signature of Registered Agent)	ee to act in this capac er and complete perfe position as registere stered office address, is change.	ity. I further agree to rmance of my duties, d agent. Or, if this I hereby confirm that

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

INHS18(9/97) FILING FEE: \$35.00