Thomas A. Collins, II o
Fitzgerald A. Frater + o
Catherine E. Kidon
Kim Patrick Kobza o
Stanley J. Lieberfarb
C. Richard Mancini
Andrew H. Reiss
Christopher J. Thornton
Richard M. Treiser
Christopher T. Vernon

TREISER, KOBZA & LIEBERFARB, CHID.

ATTORNEYS AT LAW

4001 Tamiami Trail North

Suite 330 Naples, Florida 34103 Telephone (941) 649-4900

Fax (941) 649-0823 Internet Address: www.tkvnaples.com O Also admitted in Michigan

+ Also admitted in New York

rd Shapack o+

- Also admitted in New 10
- Also admitted in Kentucky
   Also admitted in New Jersey
- \* Board Certified Tax Attorney

September 28, 1999

Corporate Records Bureau Division of Corporations 409 East Gaines Street Post Office Box 6327 Tallahassee, Florida 32399

Romans 10:9, LLC. and SMS Hezekiah, LLC.

Our File Number: 4144.001

600003006766--8 -10/06/99--01020--001

\*\*\*\*\*35.00 \*\*\*\*\*\*35.00

Dear Reader:

Re:

Enclosed you will find an original and one (1) copy of the Articles of Organization for Romans 10:9, LLC. together with our client's check number 4765 in the sum of \$337.50 representing your filing fee. Also, enclosed you will find a Statement of Change of Registered Office or Registered Agent or Both for Limited Liability Company, SMS Hezekiah, LLC., together with our client's check number 113 in the sum of \$35.00 which sum represents your filing fee for this document.

Would you please file these documents as soon as possible and return to my attention a certified copy of said Articles of Organization and verification that the address of the registered agent has been changed.

If you have any questions regarding this matter, please feel free to contact me. Thank you for your assistance and cooperation.

Very truly yours,

TREISER, KOBZA & LIEBERFARB, CHTD.

Leslie L. Browning, Paralegal

For The Firm

e-mail-llbrowning@tkynaples.com

/llb

Enclosures

## 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 limit	ed liability company	/ is: <b>SM</b>	S HEZEKIAH, LLC.	
2. The mailing address of the limited liability company is: 779 92nd Avenue North				
	Naples, Flo	rida 341	04	
December 7, 1998			L980000030	050
3. Date of filing/registration in Florida			4. Document no	umber
5. The name of the regist Florida Department of	ered agent and the re State:	egistered of	fice address as showr	on the records of the
_	Dennis J. N	avarra		•
	<u> </u>	Name		<del></del>
	779 92nd Av	enue Nor	th	<del>5</del> 0, <b>6</b>
Ac				FIL 99 SEP 30 SECRETAR ALLAHASS
Naples, Florida 3410				
City, State and Zip				
6. The name and address of the new registered agent and/or office:  Dennis J. Navarra  Name  Name				
Dennis J. Navarra				المناس المناس
Name 5850 10th Avenue S.W.			5	
Florida street address (P.O. Box NOT acceptable)				
	Naples	FL	34116	_
	City	y, State and	Zip	
and the business office of liability company, it is her a majority of the member organization or the regula (Signature of a member or authority Dennis J. Navarra (Printed or typed name of signee)	change or changes a of the registered age reby confirmed that rs of the limited lia tions of the limited l zed representative of a me	are made, the ent will be the change ability compliability communication makes)	he Florida street additionatical. Or, in the (s) was/were authorized pany or as otherwised in the control of th	ate of Florida, it is hereby ress of the registered office e case of a Florida limited ed by an affirmative vote of provided in the articles of capacity. I further agree to performance of my duties,
document is being filed to the limited liability compo	merely reflect a ch iny has been notified	izaiions of ange in the l in writing	e my position as reg e registered office add of this change.	apactiv. I further agree to experiormance of my duties, istered agent. Or, if this tress, I hereby confirm that

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

INHS18(9/97)

(Signature of Registered Agent)

**FILING FEE: \$35.00**