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SECRETARY OF STATE
DIVISION OF CORPORATIONS

OF APR -5 PM 1: 19

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: SARPJ, L.L.C. (Name o	of Limited Liability Company)	
Dear Sir or Madam:		
The enclosed Registered Agent/Registered	ed Office Change and fee(s) are submitted for filing.	
Please return all correspondence concerning	ning this matter to the following:	
Wm. Scott Lindsey		
(Name of Person)		_ 9
The Lindsey Law Firm, P.L.	. • · · . · • . · · · · · · · · · · · ·	O7 APR
(Firm/Company)	tage of the first first the first	2-5
1882 Capital Circle NE, Suite 106		PH OKETO
(Address)		PN 1:19
Tallahanna Flavida 22200		ONS SNO
Tallahassee, Florida 32308 (City/State and Zip Code)		
For further information concerning this ma	natter, please call:	
Wm. Scott Lindsey	at (850) 877-6004	
(Name of Person)	(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 follow	owing amount:	
✓ \$25 Filing Fee	\$55 Filing Fee & Certified Copy	

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.

ugem, or boin, in the Biai	e oj 1 tortuu.			
1. The name of the limite	ed liability company	is: SARPJ, L.L.C.		
2. The mailing address of	f the limited liability	y company is : 414 E 14TH ST	REET	
TIFTON, GA 31794				
05/17/1999		L9900000282	25	
3. Date of filing/registration in Florida		4. Document number		
5. The name of the register Florida Department of		egistered office address as sho	own on the records of the	
	LINDSEY, WM.	SCOTT		
Name				
	1407 PIEDMONT DRIVE EAST			
		Address		
	TALLAHASSEE, I		7 ASE	
	C	ity, State and Zip	T P Si	
6. The name and address	of the new registere	d agent and/or office:	PILLE SECRETARY OF CO	
	WM. SCOTT LINE	DSEY	PH 공유 기	
	1882 CAPITAL CII	Name RCLE NE, SUITE 106	1: 19	
	Florida street add	ress (P.O. Box NOT acceptab	le)	
	TALLAHASSEE	FL 32308		
	Cit	y, State and Zip		
confirmed that after the cl and the business office of liability company, it is he	hange or changes ar the registered agen reby confirmed that nited liability compa at of the limited liab	ted under the laws of the State e made, the Florida street add t will be identical. Or, in the the change(s) was/were authory or as otherwise provided in ility company.	ress of the registered office case of a Florida limited orized by an affirmative vote	

(Printed or typed name of signee)

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

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 Agent)

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