M0000000128

ACCOUNT NO. : 107210000032

REFERENCE

: 588129

AUTHORIZATION

COST LIMIT

ORDER DATE: May 20, 2002

ORDER TIME : 3:49 PM

ORDER NO. : 588129-055

CUSTOMER NO: 7287317

CUSTOMER: Ms. Amy Crisp

Echelon Companies

Suite 200

450 Carillon Parkway

Saint Petersbur, FL 33716

CHANGE OF AGENT

NAME: ECHELON RESOURCES, LLC

300005575948--2

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY PLAIN STAMPED COPY

CONTACT PERSON: Ellyn Herndon

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.

agent, or both, in the blate	oj 1 tortuu.			
1. The name of the limited	liability company is:	Echelon :	Resources, LTC	
2. The mailing address of t	he limited liability co	ompany is:	450 Carillon	Parkway, Suite 200
St. Petersburg, FL	33716			
6/30/2000 ==		-=	M00000001284	
Date of filing/registratio	n in Florida		4. Document no	ımber
5. The name of the registere Florida Department of St		stered office	address as shown	on the records of the
_	Susa	n G₊-Johns	on	_
		Name		4,00
<u>-</u>	450 Carillor		Suite 200	- PC 23
		Address		经是工
-		sburg, FL		FILED MY 21 MM
	City	, State and Z	ıp	SEC PE
6. The name and address of	the new registered a	igent and/or	office:	PILED AM 10: 47 02 MAY 21 AM 10: 47 SECRITARY OF STATE TALLAMASSEE, FLORID
_	Corporatio	n Service	Company	
		Name		Om P
<u>_</u>	1201	Hays Stree	<u>t</u>	
	Florida street addres	ss (P.O. Box	NOT acceptable)	
	Tallahassee	FL	32301	
_	City, S	State and Zip)	-
If the limited liability comp confirmed that after the cha and the business office of the liability company, it is here the members of the limited the operating agreement of (Signature of a member or authorized)	inge or changes are note the registered agent which the confirmed that the liability company or	nade, the Flo rill be identic e change(s) v as otherwise company.	rida street address al. Or, in the cas	s of the registered office
				<u> </u>
Amy L. Crisp				
(Printed or typed name of signee)				
I hereby accept the appoin comply with the provisions and I am familiar with and Chapter 608, F.S. Or, if the address, I hereby confirm to	tment as registered a of all statutes relativ accept the obligation is document is being hat the limited liabili	ngent and agi ve to the prop ns of my posi filed to mere ity company	ree to act in this coper and complete tion as registered ly reflect a chang has been notified	apacity. I further agree to performunce of my duties, agent as provided for in ge in the registered office in writing of this change.
(Signature of Registered Agent)	go Hagail			- <u>-</u>

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

INHS18(10/99) FILING FEE: \$25.00