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SECRETARY OF STATE TALLAHASSEE, FLORIDA

## FILING TRANSMITTAL FORM

TO:

Division of Corporations

Florida Department of State

409 E. Gaines Street

Tallahassee, Florida 32314

FROM:

JOANNE CASWELL - CONTINENTAL CORPORATE SERVICES, INC.

189 FRANKLIN AVENUE, SUITE 1

NUTLEY, NJ 07110

PHONE: 973-542-0300 OR 800-300-5067

FAX: 973-542-0313

EMAIL: ICASWELL@CCSLEGAL.COM

DATE:

October 4, 2004

RE:

MARCH/HODGE/THIGPEN DAYTONA, LLC

REFERENCE: 8269C

PLEASE FILE/SUBMIT THE ATTACHED:

XXX Change of Agent (CHECK ATTACHED)

PLEASE OBTAIN THE FOLLOWING EVIDENCE:

XXX Other (specify): USUAL EVIDENCE OF FILING

SEND VIA:

Regular Mail \_\_\_X\_

(IN THE STAMPED SELF-ADDRESSED ENVELOPE PROVIDED)

## SPECIAL INSTRUCTIONS:

PLEASE FILE IMMEDIATELY UPON RECEIPT AND FORWARD EVIDENCE OF SUCH FILING IN THE ENCLOSED ENVELOPE. ALSO, PLEASE DO NOT HESITATE TO CALL ME AT THE FOLLOWING TOLL-FREE NUMBER SHOULD YOU HAVE ANY QUESTIONS (800-300-5067). THANKS!!!

## 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: March/Hodge/Thigpen Daytona, LLC 2. The mailing address of the limited liability company is: 354 N. Beach Street, Daytona Beach. FL 32114 M00000001508 8/1/00 3. Date of filing/registration in Florida Document number 5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State: CT Corporation System Name 1200 South Pine Island Road Address Plantation, FL 33324 City, State and Zip 6. The name and address of the new registered agent and/or office: NRAI Services, Inc. Name 526 E. Park Avenue Florida street address (P.O. Box NOT acceptable) Tallahassee, FL 32301 City, State and Zip 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 one provided in the articles of organization or the operating agreement of the limited liability appears. the operating agreement of the limited liability company. (Signature of a member or authorized representative of a member) (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.

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

Asst. Som.

INHS18(10/99)

(Signature of Registered Agent)