M0200001186

(Requestor's Name) COX LAW FIRM, PLLC ATTORNEYS AT LAW POST OFFICE BOX 878 FAVETTEVILLE, ARKANSAS 72702	80
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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.

I. The name of the limited liability company is:	Pinehurst Enterp	rises Limited Liabi	lity Comp
2. The mailing address of the limited liability co	ompany is : 1619 Per	riwinkle, Suite 203	'
Sanibel Island, FL 33957			
			'
05/01/2002	M02000001186		
3. Date of filing/registration in Florida	4. Document number		
5. The name of the registered agent and the registered agent ag	stered office address as	s shown on the records	of the
	glas Allen		
	Name		
1619 Peri	vinkle, Suite 203		
	Address		
	sland, FL 33957		
City,	State and Zip	12 49	S
6. The name and address of the new registered a	gent and/or office:	LAHASSEE, FLORIDA	FILED 2: 03
Corporation	n Service Company		31
	Name	i i	PED
	lays Street		N
Florida street addres	s (P.O. Box NOT acce	ptable)	. 63
Tallahassee	FL 32301		,
City, S	tate and Zip		
If the limited liability company is not organized confirmed that after the change or changes are mand the business office of the registered agent will liability company, it is hereby confirmed that the the members of the limited liability company or the operating agreement of the limited liability company or	ade, the Florida street II be identical. Or, in change(s) was/were as otherwise provided ompany.	address of the registere the case of a Florida lin uthorized by an affirma	ed office nited itive vote of
(Signature of a member or authorized representative of a member	r)		
Douglas Wade Allen	_ 		
(Printed or typed name of signee)			
I hereby accept the appointment as registered a comply with the provisions of all statutes relative and I am familiar with and accept the obligation Chapter 608, F.S. Or, if this document is being j address, I hereby confirm that the limited liabilit	gent and agree to act in to the proper and con s of my position as reg iled to merely reflect of y company has been n	n this capacity. I furthe nplete performance of i distered agent as provid a change in the register otified in writing of this	er agree to ny duties, led for in ed office s change.
Corporation Services Company			
(Signature of Registered Agent)			

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