M02000003344

(Requestor's Name)
(Address)
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(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Business Entity Name)
(Document Number)
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April 28, 2003

Phyllis N. Gee (404) 233-7000 png@mmmlaw.com www.mmmlaw.com

Uniform Business Report Filings Division of Corporations Florida Department of State P.O. Box 6327 Tallahassee, FL 32314

Re:

GidDav Investments, LLC

Doc. #M02000003344

Dear Sir or Madam:

Enclosed for filing please find a Statement of Change of Registered Agent as well as our firm check in the amount of \$25.00. Thank you in advance for your assistance and should you have any questions, please call the undersigned.

Very truly yours,

MORRIS, MANNING & MARTIN, L.L.P.

Phyllis N. Gee Legal Assistant

/png 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 limited	l liability company is:	GidDav I	GidDav Investments, LLC				
2. The mailing address of				NE, Ste	. 160	0	
Atlanta, GA 30326		-					
December 16, 2002		<u> </u>	M02000003344			<u></u> *	
3. Date of filing/registration in Florida			4. Document number	<u>· </u>			
5. The name of the register Florida Department of S			address as shown on the r	ecords o	of the		
	1200 South Pine Isla	Name and Road					
	Plantation, FL 33324	Address 4 State and Z	ip	SECRE	03 HAY	71	
6. The name and address o	f the new registered ag	ent and/or	office:	ASS	5	<u> </u>	
	Mr. Flynn Morris				골		
,	1010 T. M. N. 30, 30	lame	21 N. Spook4	唇	113 th Hd		
-	Florida street address	(P.O. Box	NOT acceptable)	DA.	- 4 -		
	Santa Rosa Beach	FL 3245	59			•	
•	City, St	ate and Zip)	•	,		
If the limited liability components of the chand the business office of liability company, it is here the members of the limited the operating agreement of a member of authorization.	ange or changes are mathe registered agent will eby confirmed that the I liability company or a fithe limited liability co	ide, the Flo l be identic change(s) v s otherwise impany.	orida street address of the real. Or in the case of a Fl	registered orida lim	d offic		
7	act representance of a member	,					
John G. Morris (Printed or typed name of signee)		-	, <u> </u>				
I hereby accept the appoint comply with the provisions and Lam familiar with and Chapter 608, FX Or, if the address I hereby panfirm (Signarder of Registered Agent)	ntment as registered ag s of all statutes relative I accept the obligations its document is being fi that the limited liability	ent and ag to the prop of my pos led to mero company		I furthe ance of n is provide registere ig of this	r agre ny dui ed for ed off chan	ee to ties, in ice ge.	

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

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