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Special Instructions to F	iling Officer:	
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OT IL P 3: CRETARY OF STATE AHASSEE, FLORIT

COVER LETTER

Division of Corporations				
SUBJECT: American Gallery Develop (Name of		LLC ility Company)	· · · · · · · · · · · · · · · · · · ·	
Dear Sir or Madam:				
The enclosed Registered Agent/Registered	Office Chang	ge and fee(s) are subr	nitted for filing	•
Please return all correspondence concerning	g this matter t	to the following:		
Kenneth Colter				
(Name of Person)				
c/o American Gallery Homes (Firm/Company)			2007 (SECR TALLA	-
3930 Chiquita Blvd. South	· · · · · · · · · · · · · · · · · · ·		2007 OCT 16 P 3: 18 SECRETARY OF STATE ALLAHASSEE, FLORIDA	
(Address)			P 3: OF STATI	D
Cape Coral, FL 33914 (City/State and Zip Code)	·)A 16	
For further information concerning this mat	tter, please ca at (239	ıll: ₎ 931-7676		
(Name of Person)		(Area Code & Day	time Telephone	Number)
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	R D P.	IAILING ADDRESS: egistration Section ivision of Corporations O. Box 6327 allahassee, Florida 323	3	
Enclosed is a check for the following	ing amount:			
\$25 Filing Fee	\$55 Filing Fee & Certified Copy			

TO: Registration Section

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 manner of the limite			iran Galleni Deve	Jooment G	mun II (^	
1. The name of the limite		-				<u>. </u>	
2. The mailing address o	f the limited li	ability compan	y is : 3930 Chiq	įuita Blvd.	South		
Cape Coral, FL 33914		_\.		•••			
February 23, 2003			M03000	000567			
3. Date of filing/registration in Florida 4. Document		ument nur	nber				
5. The name of the register Florida Department of		the registered	office address a	as shown	on the	records	of the
•	Kenneth Co	olter					
	4040.0-1	Nam					
	1342 Colonia	al Blvd Suite D Addre			•		
	Fort Myers, F		;SS				
	Tott myoto, i	City, State	and Zip		•		
6. The name and address	of the new reg	istered agent a	nd/or office:				
	Kenneth Col	lter					
		Name					
		a Blvd. South					•
	Florida stree	et address (P.O	. Box NOT acc	eptable)	ALL SEC	200	
	Cape Coral	FL	33914		AR AR	20	77
		City, State a	nd Zip		AR	_	-
If the limited liability conconfirmed that after the cand the business office of liability company, it is he of the members of the lin or the operating agreement	hange or change the registered reby confirmented liability of the limite	ges are made, to agent will be in dight the change company or as ad liability com	he Florida stree dentical. Or, ir ge(s) was/were	State of let address the case authorize	26fβhe ⊇o¥aFl 1812 Svai	register logida li n affirm	ed office miled native vote
(Signature of a member of author	ized representative	of a member)					
(Printed or typed name of signee)	COLTO						
I hereby accept the appo comply with the provision and I am familiar with an Chapter 608, F.S. Or, of address, Thereby confirm (Signature of Registered Agent)	intment as reg is of all statute d accept the o that the limite	istered agent a es relative to th bligations of m is being filed to ed liability com	nd agree to act e proper and co y position as re o merely reflect pany has been	in this complete pegistered in the change in	ipacity. erform agent a e in the n writi	I furth ance of is provi registe ng of th	her agree to my duties, ded for in red office is change.

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