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TRANSMITTAL LETTER

	Amendment Section Division of Corporation	ns	·		٠	
SUBJE	CT: Sawgrass I	anding Bread, LLC	a Anna agains		177	
		(Name of corpor	ration)		<u>-</u>	
DOCUI	MENT NUMBER:	M03000001022		· ·	·-	· · · · · · · · · · · · · · · · · · ·
The enc	losed Statement of Cha	nge of Registered Office/	Agent and fee ar	e submitted :	for filing.	· " "
Please r	eturn all correspondenc	e concerning this matter to	o the following:			
K	atherine Kirk (Name of	person)		v zin	-	
Da	aland Corporation			-	 • •	DIVISION 20 PM 3: 00
	(Name of firm	n/company)				50 SEE
PO	O Box 789950					0 000
	(Add	ress)				PA 3
W;	ichita KS 67278 (City/state an	d zip code)	oren ore engage			1.00 Figure
For furt	her information concern	ning this matter, please cal	1:			
K	atherine Kirk	at (772	713-392			
	(Name of person) (Area co	ode & daytime tel	ephone numb	er)	
Enclose	ed is a \$35.00 check made	de payable to the Departmo	ent of State.			
Amendr Division P.O. Bo	e Address: ment Section n of Corporations ox 6327 ssee, FL 32314	Street Address: Amendment Section Division of Corpora 409 E. Gaines Street Tallahassee, FL 323	tions			

. 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	d liability company is:	Sawgr	ass Landing B	read, LLC		<u>.</u>
2. The mailing address of	the limited liability co	ompany is :	2414 N. Woodl	Lawn #201		
J	•		Wichita KS 67			
				· · · · · · · · · · · · · · · · · · ·		
Mar 31, 2003	·	en v	M0300000102	2	· .	
3. Date of filing/registration	on in Florida		4. Document nu	mber		
5. The name of the register Florida Department of S		stered office	address as shown	on the record	is of the	
	CT Corporation	System		_	•	
	1200 South Pine	Name E Island I	Road	_		
		Address	<u> </u>	-		
	Plantation FL		·	<u>.</u> ,		
	•	State and Z	•		္ င္ဘ	9.,
6. The name and address of	of the new registered a William N. Kirl		office:	• •	=	SCF
	Moss, Henderson		n, Lanier, Kre	etschmer &	Murphy,	毫
•		Name ·			0 2	CORP
-	Florida street addres	s (P.O. Box	NOT acceptable)		ယ္	85
	Vero Beach	3:	2964		: 00	105
	City, S	tate and Zip		<u>-</u>	_	(P)
If the limited liability components the character the chand the business office of liability company, it is here the members of the limited the operating agreement of the operations of the ope	pany is not organized lange or changes are methe registered agent with the confirmed that the dilability company or fithe limited liability company	under the law lade, the Flow ill be identice change(s) was otherwise company.	ws of the State of I rida street address al. Or, in the case vas/were authorize	of the registe of a Florida ed by an affir	ered office limited mative vo	te of
William J. Walsh, (Printed or typed name of signee)	Jr., President					•
I hereby accept the appoint comply with the provisions and I am familiar with and Chapter 608, F.S. Or, if the address, I hereby confirm Signature of Registered Agent)	ntment as registered as of all statutes relative decept the obligation his document is being that the limited liability	gent and agi e to the prop s of my posi illed to mere ty company l	ree to act in this co er and complete p tion as registered tion as registered tion as the contine thas been notified i	ipacity. I fur verformance a gent as pro e in the regis n writing of i	ther agree of my duti vided for i tered offic his chang	e to es, in ie e.

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

INHS18(10/99)

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