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SECRETARY OF STATE
DIVISION OF CORPORATIONS

COVER LETTER

TO:	Registration Section Division of Corporations									
SUB.	JECT: Front Street of			Con		· ·				
	(Name of	Limited	ыарицу	COI	mpany)					
Dear	Sir or Madam:									
The e	enclosed Registered Agent/Registered	Office (hange ar	nd fe	e(s) are submitte	ed for filing.				
D .			44441	c.						
Pleas	e return all correspondence concerning	g this ma	atter to th	e Io.	llowing:					
•	Judith A Preston									
	(Name of Person)			•	<u> </u>	•				
I	ront Street of Florida, LLC_									
	(Firm/Company)									
	243 N Front Street									
	(Address)									
_										
	Vilmington, NC 28401 (City/State and Zip Code)									
	(City/State and 2/17 code)									
Б	d . i. C di									
FOF I	urther information concerning this mat	ter, prea	ise can:							
	7 11 1 1 P		910		343-1048					
	Judith A Preston (Name of Person)	at (_) \rea		Telephone Number)				
	(Maine of Forson)		(,		20 40 00 2 4	, , , , , , , , , , , , , , , , , , ,				
	STREET/COURIER ADDRESS:		MAII	INC	G ADDRESS:					
Registration Section			Registration Section							
Division of Corporations Di					Division of Corporations					
	Clifton Building		P.O. Box 6327							
	2661 Executive Center Circle		Tallal	nasse	e, Florida 32314					
	Tallahassee, Florida 32301				=					
	Enclosed is a check for the follow	ing amo	unt:							
	V \$25 Filing Fee		□ \$55	Fili	ng Fee & Certific	ed Copy				

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	: <u>Front</u>	Street c	of Florid	a. LLC	W	
2. The mailing address of	the limited liability of	company is:	243 N	Front St	., Wilmin	agton,	
NC 28401				,			
10/31/03	- Y-1			00003648			
3. Date of filing/registration	on in Florida		4. Docui	ment numbe	er		
5. The name of the register Florida Department of S	red agent and the reg State:	istered offic	e address as	s shown on	the records	of the	
	C T Corpora	tion Syst	sm				
		Name			_		
	c/o CT Corporat	<u>Ion Syste</u> Address	n, 1200 S	outh Pine	e Island		2
	Plantation, FL	33324		<u> </u>		- G	<u>√</u> 2
	City	, State and 2	Zip			3	经
6. The name and address of	f the new registered	agent and/or	office:			05 NOV 18	유물
	A. Street Lee	-	.			8 P	COX Ref
·		Name	<u> </u>				25
_	1365 Hamlet Av	enue				<u> </u>	
	Florida street addre	ss (P.O. Box	NOT acce	ptable)		Ţ.	SHC
	Clearwater	FL	33756	. ==	-		
	City,	State and Zi	p				
If the limited liability com confirmed that after the ch and the business office of liability company, it is her of the members of the lim or the operating agreement (Signature of a member or author)	ange or changes are a the registered agent very beby confirmed that the ited hability compant tof the limited liability	made, the Fl vill be identi te change(s) y or as other ty company	orida street cal. Or, in was/were a wise provic	address of the case of outhorized b	the register a Florida li y an affirm	red office imited native vot	e
Herbert P. McKi	m, Jr.						
(Printed or typed name of signee)	·····		•	-		•	
I hereby accept the appoin 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 is of all statutes relative accept the obligation is document is being that the limited liabil	agent and as we to the pro ns of my pos filed to mer ity company	gree to act i per and coi ition as reg ely reflect d has been n	in this capa mplete përfi gistered age a change in otified in w	city. I furth ormance of ont as provi the registe riting of th	her agree my dutie ded for in red office is change	to s, n