M03000004337

20189 - DOG11-00671

(Requestor's Name) (Address)	500037516465				
(City/State/Zip/Phone #)	in at i	,			
. (Business Entity Name)	06/03/0401027 <u></u> 004	**25.00			
(Document Number) Certified Copies Certificates of Status		10 July 90			
Special Instructions to Filing Officer: 7/8	ange				
M03-4337 Office Use Only	·				

May <u>25</u>, 2004

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

Re: South

South Shore Group Partners, LLC

Document Number: M03000004337

Dear Sir or Madam:

Enclosed for filing is a Statement of Change of Registered Office or Registered Agent to change the registered address for the above-referenced limited liability company, together with a check for \$25.00 payable to the Florida Department of State for the filing fee.

In addition, please change the principal address and the mailing address of the company on your records as follows:

Current Principal Address and

Street Address:

639 E. Ocean Avenue Boynton Beach, FL 33435

New Principal Address and

Street Address

841 Prudential Drive, Suite 150

Jacksonville, FL 32207

SSGP Holdings, LLC, Member

y:_______

Harold Dodt, as its Vice Presiden



FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

June 7, 2004

HAROLD DODT 841 PRUDENTIAL DRIVE, SUITE 150 JACKSONVILLE, FL 32207

SUBJECT: SOUTH SHORE GROUP PARTNERS, LLC

Ref. Number: M03000004337

We have received your document for SOUTH SHORE GROUP PARTNERS, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6967.

Letter Number: 404A00038663

Michelle Hodges Document Specialist

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 limite	ed liability company is:	SOUTH SHORE GR	OUP PART	NERS	3, LLC	
2. The mailing address o	f the limited liability co	mpany is: 639 E. OCE	AN AVEN	JE		
BOYNTON BEACH FI						
12/29/2003		M030000	04337	_		
3. Date of filing/registrat	ion in Florida	4. Documer	nt number	 <u> </u>		
5. The name of the register Florida Department of	State:		own on the	records	s of the	3
	JEFFREY R. DOUG			-		
	639 E. OCEAN AVI	Name ENUE				
	BOYNTON BEACH	Address FL 33435				
	City,	State and Zip		- <u>-</u> :	, 10,	
6. The name and address of the new registered agent and/or office:				ــــه ت ز		
	JEFFREY R. DOUG	BLAS		. •	10	į,
	841 PRUDENTIAL	lame DRIVE, SUITE 150		- [-		· -
	Florida street address	(P.O. Box NOT accepta	able)			Time.
	JACKSONVILLE	FL 32207		 	64	
	City, S	tate and Zip				
If the limited liability conconfirmed that after the cand the business office of liability company, it is he the members of the limite the operating agreement of the limited liability confirmed that after the confirmed	thange or changes are me fithe registered agent with the registered agent with the confirmed that the red liability company or a softhe limited liability confirmed that the limited liability confirmed the liability confirm	ade, the Florida street ad Il be identical. Or, in the change(s) was/were auth as otherwise provided in ompany.	te of Florida dress of the case of a Fl horized by an the articles of	, it is h registe orida l n affirm of orga	ereby red off imited native nizatio	ice vote of n or
HAROLD DODT						
(Printed or typed name of signee)		v +	_		
I hereby accept the apportunity with the provision and Jam familia, with a Chapter 608 F.S. Or if address, I have by confirm (Signature of Registered Agent)		gent and agree to act in to to the proper and comp s of my position as regist iled to merely reflect a c y company has been not	his capacity lete perform lered agent o hange in the fied in writi	I furt cance of as prov registeng of the	ther ag of my ai vided fo ered of his cha	ree to uties, or in Jice nge.
Division	on of Cornorations. P.	O. Box 6327, Tallahasse	e. FL 3231	4		

FILING FEE: \$25.00

INHS18(10/99)