M04000000145

(Requestor's Name)			
(Address)			
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PICK-UP WAIT MAIL			
(Business Entity Name)			
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EXAMINER

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COVER LETTER

	gistration Section vision of Corporations			
	•			
SUBJECT: SLAB LIDO, L.L.C.				
	Name of Limite	d Liability Company		
Dear Sir o	r Madam:			
The enclos	sed Registered Agent/Registered Office	Change and fee(s) are submitted for filing.		
Please return all correspondence concerning this matter to the following:				
	Russell D. Briggs			
	Name of Person			
	SLAB LIDO, L.L.C.			
	Firm/Company			
	P. O. Box 780428			
	Address			
	Wichita, KS 67278-0428			
	City/State and Zip Code			
russ@zenithdrilling.com E-mail address: (to be used for future annual report notification)				
E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
	Russell D. Briggs at (_			
	Name of Person	Area Code & Daytime Telephone Number		
Rep Div Cli 266	REET/COURIER ADDRESS: gistration Section vision of Corporations fton Building 61 Executive Center Circle llahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314		
Enclosed is a check for the following amount:				
\checkmark	\$25 Filing Fee	\$55 Filing Fee & Certified 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.

Name of the limited liability company:	SLAB LIDO, L.L.C.		
2. (a) Principal office address of limited liability company	2: 1223 N. ROCK ROAD		
(Note: MUST BE STREET ADDRESS)	BUILDING A, SUITE 200 WICHITA, KANSAS 67206		
(b) Mailing address of limited liability company:			
(<u>Note: MAY BE POST OFFICE BOX</u>)	P. O. BOX 780428		
	WICHITA, KANSAS 67278-0428		
01/12/2004	M0400000145		
3. Date of filing/registration in Florida	4. Document number		
5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:			
Registered Agent:	CT CORPORATION SYSTEM		
Registered Office Address:	1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 US		
	TEANTATION, TE 33324 33		
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEY NEW</u> Registered Agent:	W Registered Office address: TIMOTHY A. HUNT		
NEW Registered Office Address:	3700 BANK OF AMERICA PLAZA		
(MUST BE FLORIDA STREET ADDRESS)	101 EAST KENNEDY BOULEVARD		
	TAMPA ,FL 33602		
If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company. C. ROBERT BUFORD, MANAGER Printed or typed name of signee			
I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the provision of the provision	gree to act in this capacity. Hanheragree to per and complete performance of my duties, sition as registered agent as provided for in rely reflect a change in the registered office has been notified in writing of this change.		

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