M05000000439

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SECRETARY OF STATE
DIVISION OF CORPORATION

J. BRYAN DEC - 5 2007

J. BRYAN

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EXAMINER



FLORIDA DEPARTMENT OF STATE Division of Corporations

December 5, 2007

R. SCOTT SMITH ECHO SIERRA GROUP, LLC 600 LAKE MEDLOCK DRIVE ALPHARETTA, GA 30022

SUBJECT: ECHO SIERRA GROUP, LLC

Ref. Number: M05000000439

We have received your document for ECHO SIERRA GROUP, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You completed the wrong form

We are enclosing the proper form(s) with instructions for your convenience.

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) 245-6043.

Joey Bryan Regulatory Specialist II

Letter Number: 707A00068644

COVER LETTER	t
TO: Registration Section Division of Corporations	
SUBJECT: ECHO SIEMA GROC (Name of Limited Liability C	
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Change and	fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the	following:
R. Swt Smith (Name of Person)	NAC 80 JAN
ECHO SIEMA GROWN (Firm/Company)	BUNIT PH 3: W
8746 Dtomas DR. (Address)	in the second se
PANAMA CETY BEACH, FT 324 (City/State and Zip Code)	-08
For further information concerning this matter, please call:	
P. Scott Smith at (68) (Name of Person) (Are	ea Code & Daytime Telephone Number)
Registration Section Registra Division of Corporations Division Clifton Building P.O. Bo	NG ADDRESS: ation Section n of Corporations ox 6327 ssee, Florida 32314
Enclosed is a check for the following amount:	
\$25 Filing Fee \$55 F	iling 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.

1. The name of the limited liability company is: ECHO SIERLA GROW LLC.
2. The mailing address of the limited liability company is: 8746 Thomas DL.
PANAMA COY BCH, FI 32408
1/28/2005 MOSOPPOPO 439
3. Date of filing/registration in Florida 4. Document number
5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State: Colonarion Selvice Company Name 1201 Hays ST.
TALLAHASSEE FL 32301 US City, State and Zip
6. The name and address of the new registered agent and/or office:
F. Scott Smith
8746 THOMAS DR.
Florida street address (P.O. Box NOT acceptable)
Florida street address (P.O. Box NOT acceptable) PANAMA CITY BOACH, FL 32408 City. State and Zip
City, State and Zip
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. (Signature of a member or authorized epresentative of a member)
R. Scott Smart (Printed or typed name of signee)
I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

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

(Signature of Registered Agent)