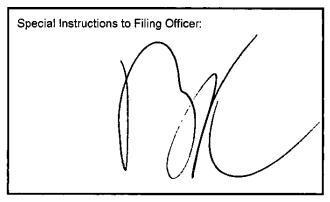
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(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
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November 2, 2007

CORPORATION NAME (S) AND DOCUMENT NUMBER (S):

Tolleson Land Investment Properties of Florida, L.L.C.

		<u> </u>	75° 01
Filing Evidence ☑ Plain/Confirmation Co	ру	Type of Docume Certificate of Sta	
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		□ Articles Only	RIDA
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Reinstatement		Trademark	
		Other	

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:	TOLLESON LAND INVESTMENT PROPERTIES OF PLORIDA, L.L.C
2. The mailing address of the limited liability co	ompany is:
PO BOX 1184 PERRY GA 31069	•
05/26/2006	M06000002948
3. Date of filing/registration in Florida	4: Document number
5. The name of the registered agent and the registered agent	stered office address as shown on the records of the
CT CORPORATION S	
	Name
1200 SOUTH PINE ISI	LAND ROAD Address
PLANTATION EL 2222	7 S O
City,	State and Zip
6. The name and address of the new registered a	Address Address State and Zip gent and/or office: Name rive, Suite 4 s (P.O. Box NOT acceptable) FL 33331
NRAI Services, Inc.	Sar o M
	Name To T
2731 Executive Park Dr	rtve, Suite 4
Florida street address	s (P.O. Box NOT acceptable)
Weston	FL 33331
City, S	State and Zip
confirmed that after the change or changes are mand the business office of the registered agent will ability company, it is hereby confirmed that the	under the laws of the State of Florida, it is hereby nade, the Florida street address of the registered office ill be identical. Or, in the case of a Florida limited by change(s) was/were authorized by an affirmative vote or as otherwise provided in the articles of organization y company.
Signature of a member or authorized representative of a member	er)
Donald D Williams (Printed or typed name of signee)	·
I hereby accept the appointment as registered a comply with the provisions of all statules relative and I am familiar with and accept the obligation chapter 608. If S. Gr. if this document is being address thereby confirm that the limited liability of the limited liability.	gent and agree to act in this capacity. I further agree to e to the proper and complete performance of my duties, is of my position as registered agent as provided for in filed to merely reflect a change in the registered office ty company has been notified in writing of this change.
(Signature of Registered Agent) ACK CASKEY, ASST SECY Division of Corporations, P.	O. Box 6327, Tallahassee, FL 32314

FILING FEE: \$25.00