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D. BRUCE

MAR 5 2009

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: FOURTH QUARTER PR	ROPERTIES 129, LLC of Limited Liability Company)	
Dear Sir or Madam:		
The enclosed Registered Agent/Registered O	office Change and fee(s) are submitted for filing	<u>,</u>
Please return all correspondence concerning	this matter to the following:	
Margaret S. Frook, Esq.		
(Name of Person)		
Boone, Boone, Boone, Hines & Koda, P.A. (Firm/Company)		
1001 Avenida Del Circo (Address)		09 MJ SECRE
Venice, FL 34285 (City/State and Zip Code)		09 MAR -4 AM SECRETARY OF LLAHASSEE, F
For further information concerning this matter	er, please call:	AM 10: 49 OF STATE E. FLORIDA
Margaret S. Frook, Esq.	at (941) 488-6716	
(Name of Person)	(Area Code & Daytime Telephone Numl	ber)
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314	
Enclosed is a check for the following	ng amount:	
2 \$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy	
INHS18 (5/08)		

**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. Name of the limited liability com	ipany: <u>FOURTH Q</u>	UARTER PROPER	TIES 129, LL0	<u> </u>
2. (a) Principal office address of lin (Note: MUST BE STREET)	nited liability company <u>FADDRESS</u>)	y: 45 Ansley Road Newnan, GA 30263		
(b) Mailing address of limited line (Note: MAY BE POST OF		45 Ansley Road Newnan, GA 30263		<u>_</u>
08/07/2006		M06000004354		
3. Date of filing/registration in Flor	ida	4. Document number		
5. (a) Registered Agent and Registered	tered Office shown on	the records of the Florida	Dept. of State:	
Registered Agent:		Ferrell Group Corporate S	ervices, LLC	
Registered Office Address:		201 S. Biscayne Blvd., 34 Miami, FL 33131		09 MAR
(b) Enter name of NEW Register	ered Agent and/or NE	W Registered Office add	SS	÷ []
NEW Registered Agent:		Margaret S. Frook, Esq.	- 100 Lucht	ë C
NEW Registered Office Add (MUST BE FLORIDA STR	iress: <i>EET ADDRESS</i>)	Boone, Boone, Boone, Hi 1001 Avenida Del Circo Venice	nes & Koda, PA); - -
If the limited liability company is not that after the change or changes are office of the registered agent will be hereby confirmed that the change(s) liability company or as otherwise pr limited liability company.	made, the Florida stree identical. Or, in the c was/were authorized b	et address of the registered ase of a Florida limited li by an affirmative vote of t	d office and the buability company, it is members of the	isiness it is e limited
(Signature of a member or authorized represents	nive of a member)	_		
Stanley E. Thomas, Member (Printed or typed name of signee)		_		
I hereby accept the appointment as comply with the provisions of all sta am familiar with and accept the oblines. Or, if this document is being ficonfirm that the limited liability con	registered agent and a tules relative to the pr gations of my position led to merely reflect a apany has been notified	gree to act in this capacit oper and complete perfor as registered agent as pr change in the registered of I in writing of this change	ty. I further agree mance of my dute oyided for in Cha office address, I he	to es, and I pter 608, ereby
(Signature of Registered Agent)				

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

INHS18 (05/08)