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COVER LETTER ·

TO: Registration Section Division of Corporations
SUBJECT: Haussler Management LLC (Name of Limited Liability Company)
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:
David Kight (Name of Person)
The Haussler Group (Firm/Company)
8505 Baymendows Rd (Address)
Jacksonville, FL 32256 (City/State and Zip Code)
For further information concerning this matter, please call:
David Kight at (904) 680.9299 (Name of Person) (Area Code & Daytime Telephone Number)
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building Clifton Building Clifton 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 amount:
\$25 Filing Fee \$\bigcup \text{\$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 liability company submits the following statement agent, or both, in the State of Florida.	t in order to change its regi.	stered office or registered
1. The name of the limited liability company is:	Haussler Man	agement LLC
2. The mailing address of the limited liability con	npany is: 8505 Bay	meadows Rd
	Jackson	ille FL 3225
10/5/06	M06000	•
3. Date of filing/registration in Florida	4. Document nur	
5. The name of the registered agent and the regist Florida Department of State:	red office address as shown	on the records of the
Plantation	Name Pine Island Roddress FL 33324 tate and Zip	SECRETARY DIVISION OF CO
6. The name and address of the new registered ag		P P P P P P P P P P
David Kie	ht	OF STATE REPORTED HEALTHORY
8505 Bay Florida street address	ht ame neadows Rd (P.O. Box NOT acceptable)	A
Jacksonville	FL 32256 atte and Zip	
If the limited liability company is not organized to confirmed that after the change or changes are mand the business office of the registered agent will liability company, it is hereby confirmed that the of the members of the limited liability company of the operating agreement of the limited liability. (Signature of a member or authorized representative of a member	de, the Florida street address be identical. Or, in the case change(s) was/were authorized as otherwise provided in the company.	of the registered office of a Florida limited ed by an affirmative vote
David Kight (Printed or typed name of signet)		
I hereby accept the appointment as registered as comply with the provisions of all statutes relative and I am familiar with and accept the obligation Chapter 608, F.S. Or, if this document is being address, I hereby confirm that the similed liability	ent and agree to act in this co to the proper and complete p of my position as registered led to merely reflect a chang company has been notified i	apacity. I further agree to erformance of my duties, agent as provided for in e in the registered office n writing of this change.

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

INHS18 (8/05)