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' (Requestor's Name)		
(Address)		
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(City/State/Zip/Phone #)		
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PICK-UP WAIT	MAIL	
(Business Entity Name)	 	
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C. LEWIS

OCT: 2 0 2009

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT:	CCT:TERRA CEIA PARTNERS, LLC	
Name of Limited Liability Company		
Dear Sir or Madam:	, , , , , , , , , , , , , , , , , , ,	
The enclosed Registered Agent/Reg	gistered Office Change and fee(s) are submitted for filing.	
Please return all correspondence co	ncerning this matter to the following:	
LISA ROS	S	
Name of Person		
DUNLAP & MORA	AN, P.A.	
1990 MAIN STREET	, STE. 700	
SARASOTA, FL City/State and Zip Co		
LROSS@DUNLAPMO	DRAN.COM nual report notification)	
For further information concerning this matter, please call:		
LISA ROSS Name of Person	at (941) 309-1331 Area Code & Daytime Telephone Number	
STREET/COURIER ADDRI Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301		
Enclosed is a check for the following amount:		
\$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.

1. Name of the limited liability company:	TERRA CEIA PARTNERS, LLC	
2. (a) Principal office address of limited liability cor	mpany: 3824 US HWY 41 NORTH	
(Note: MUST BE STREET ADDRESS)	PALMETTO, FL 34221	
(b) Mailing address of limited liability company:	3824 US HWY 41 NORTH	
(Note: MAY BE POST OFFICE BOX)	PALMETTO, FL 34221	
10/23/2006	M06000005845	
3. Date of filing/registration in Florida	4. Document number	
5. (a) Registered Agent and Registered Office show	on on the records of the Florida Dept. of State:	
Registered Agent:	CORPDIRECT AGENTS, INC.	
Registered Office Address:	515 E. PARK AVENUE TALLAHASSEE, FL 3230	
(b) Enter name of <u>NEW Registered Agent</u> and/o <u>NEW</u> Registered Agent: <u>NEW</u> Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	LISA ROSS 1990 MAIN STREET, STE 709	
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 cor	mpany.	
LISA ROSS Printed or typed name of signee		
I hereby accept the appointment as registered agent comply with the provisions of all statutes relative to t and I am familiar with and accept the obligations of Chapter 608, F.S. Or, if this document is being filed address. I hereby confirm that the limited liability confirm that	and agree to act in this capacity. I further agree to he proper and complete performance of my duties, my position as registered agent as provided for in to merely reflect a change in the registered office mpany has been notified in writing of this change.	
Signature of Registered Agent		

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