## P05000108408

| (Re                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | questor's Name)   |           |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|-----------|
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                   |           |
| (Ade                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | dress)            |           |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                   |           |
| (Ade                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | dress)            |           |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                   |           |
| (Cit                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | y/State/Zip/Phone | e #)      |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <u></u>           | <u></u>   |
| PICK-UP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | WAIT.             | MAIL .    |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | -                 |           |
| (Bu:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | siness Entity Nar | me)       |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                   |           |
| (Do                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | cument Number)    |           |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                   |           |
| Certified Copies                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Certificates      | of Status |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                   |           |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                   |           |
| Special Instructions to I                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | -iling Officer:   |           |
| National Association (National Association ( |                   |           |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                   |           |
| -                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                   |           |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                   |           |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                   |           |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                   |           |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                   |           |



100108463001

09/04/07--01036--001 \*\*105.00



RA RO Chg (10, 9.10.07

## COVER LETTER [\_

| TO:                                                                                           | Amendment Section Division of Corporations                                                                                                                                                                                      |  |  |  |  |  |  |  |
|-----------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|--|--|--|--|
| SUBJECT: Talking Walls 2, Inc.  (Name of Corporation)                                         |                                                                                                                                                                                                                                 |  |  |  |  |  |  |  |
| DOCU                                                                                          | MENT NUMBER: P05000108408                                                                                                                                                                                                       |  |  |  |  |  |  |  |
| The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing. |                                                                                                                                                                                                                                 |  |  |  |  |  |  |  |
| Please 1                                                                                      | return all correspondence concerning this matter to the following:                                                                                                                                                              |  |  |  |  |  |  |  |
| John F. Roscow, IV                                                                            |                                                                                                                                                                                                                                 |  |  |  |  |  |  |  |
| John F. Roscow, IV (Name of Contact Person)                                                   |                                                                                                                                                                                                                                 |  |  |  |  |  |  |  |
| Carpenter & Roscow, P.A. (Firm/Company)                                                       |                                                                                                                                                                                                                                 |  |  |  |  |  |  |  |
| 5608 NW 43rd Street (Address)                                                                 |                                                                                                                                                                                                                                 |  |  |  |  |  |  |  |
|                                                                                               | Gainesville, Florida 32653 (City/State and Zip Code)                                                                                                                                                                            |  |  |  |  |  |  |  |
| For furt                                                                                      | her information concerning this matter, please call:                                                                                                                                                                            |  |  |  |  |  |  |  |
| 1 01 1011                                                                                     |                                                                                                                                                                                                                                 |  |  |  |  |  |  |  |
| John F                                                                                        | . Roscow, IV at (352 ) 373-7788  (Name of Contact Person) (Area Code & Daytime Telephone Number)                                                                                                                                |  |  |  |  |  |  |  |
| Enclosed is a \$35.00 check made payable to the Department of State.                          |                                                                                                                                                                                                                                 |  |  |  |  |  |  |  |
|                                                                                               | Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314  Street Address: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 |  |  |  |  |  |  |  |

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

| Pursuant to the provisions of section statement of change is submitted for                                                                                                                                                | a corporation organi      | zed under                                            | the laws        | of the State o                                                                  | of Florida |                                            |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------|------------------------------------------------------|-----------------|---------------------------------------------------------------------------------|------------|--------------------------------------------|
| in order to change its regis                                                                                                                                                                                              | <b>.</b>                  | red <u>agent,</u>                                    | or both, i      | n the State o                                                                   | f Florida. |                                            |
| 1. The name of the corporation: Tall                                                                                                                                                                                      | - "                       |                                                      |                 |                                                                                 |            | <del></del>                                |
| 2. The principal office address: 272                                                                                                                                                                                      | 5 SW 91st Street, Suit    | e 130, Ga                                            | inesville,      | Florida, 326                                                                    | 507        |                                            |
|                                                                                                                                                                                                                           | ·                         | - 24"                                                | <del>5</del>    |                                                                                 |            |                                            |
| 3. The mailing address (if different):                                                                                                                                                                                    | <u> </u>                  | <br>                                                 |                 |                                                                                 |            |                                            |
|                                                                                                                                                                                                                           |                           |                                                      | Free            |                                                                                 |            |                                            |
| 4. Date of incorporation/qualification                                                                                                                                                                                    | n; 8/4/05                 | Docu                                                 | ment nur        | nber: P050                                                                      | 00108408   | :                                          |
| 5. The name and street address of th<br>Florida Department of State:                                                                                                                                                      | e current registered ag   | ent and re                                           | gistered c      | ffice on file                                                                   | with the   | OT SER -L M                                |
| Fabio J. Vasque                                                                                                                                                                                                           | ez                        |                                                      | -               |                                                                                 |            | <b>18</b>                                  |
| 387 Seaview D                                                                                                                                                                                                             | )ri <u>ve</u>             | 4.7                                                  |                 | - <u>.</u>                                                                      |            | È                                          |
| Duck Key, FL 3                                                                                                                                                                                                            | 33050                     |                                                      | <br>^_          |                                                                                 |            | <b>3</b>                                   |
| 6. The name and street address of the (if changed):                                                                                                                                                                       |                           | (if change                                           | ed) and /o      | r registered                                                                    | office     | ć                                          |
| Anthony M. Ba                                                                                                                                                                                                             | rrett                     |                                                      | - Terroit       |                                                                                 |            |                                            |
| 2725 SW 91st                                                                                                                                                                                                              | Street, Suite 130         | _                                                    | 3 -             |                                                                                 |            |                                            |
|                                                                                                                                                                                                                           | (P.O. Box NOT acceptable) |                                                      | - <del></del> - | <del>-</del>                                                                    |            |                                            |
| Gainesville, FL                                                                                                                                                                                                           | 32607                     | -<br>                                                |                 |                                                                                 |            |                                            |
| The street address of its registered as changed will be identical.                                                                                                                                                        |                           |                                                      |                 |                                                                                 |            |                                            |
| Such change was authorized by res<br>authorized by the board, or the corp                                                                                                                                                 | poration has been not     | by its boa                                           | ra of air       | the change.                                                                     | an officer | so                                         |
| M                                                                                                                                                                                                                         |                           | Anthony                                              | / M. Bar        | rett                                                                            |            |                                            |
| (Signature of an officer or director I hereby accept the appointment as I further agree to comply with the p of my duties, and I am familiar with document is being filed merely to r corporation has feen notified in wi |                           | agree to<br>tes relativ<br>gation of n<br>registered | •               | or typed name a<br>s capacity,<br>proper and c<br>on as registe<br>ddress, I he |            | erformance<br>. Or, if this<br>rm that the |
| Why                                                                                                                                                                                                                       |                           |                                                      | 5               | 8/31/0                                                                          | 7_         |                                            |
| (Signature of Registered Ager                                                                                                                                                                                             | it)                       | <del>-</del> .                                       | ,e              | (Date) 1                                                                        |            |                                            |
| If signing on behalf of an entity:                                                                                                                                                                                        |                           | -                                                    | ₽÷              |                                                                                 |            |                                            |
| (Typed or Printed Name)                                                                                                                                                                                                   |                           |                                                      | ÷a.k            |                                                                                 |            |                                            |
|                                                                                                                                                                                                                           | * * * FILING FE           | E: \$35.00                                           | ***             |                                                                                 |            |                                            |

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314