

PO60000073317

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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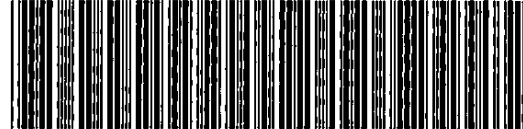
(Business Entity Name)

(Document Number)

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Change

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TALLAHASSEE, FLORIDA

06 NOV 30 PM 1:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2006 NOV 30 PM 4:42

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RR

11/30/06

GALLOWAY, BRENNAN & BILLMEIER, P.A.

240 EAST 5TH AVENUE
TALLAHASSEE, FLORIDA 32303
TELEPHONE: (850) 224-0141
FACSIMILE: (850) 224-0883

CLYDE W. "BILLY" GALLOWAY, JR.
JOHN "JACK" L. BRENNAN III
L. MICHAEL BILLMEIER, JR.

November 28, 2006

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Re: Galloway Brennan & Billmeier, P.A.
Document Number: P06000073317


The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing. Please return all correspondence concerning this matter to the following:

Ginger Madewell
Galloway Brennan & Billmeier, P.A.
240 East 5th Avenue
Tallahassee, FL 32303

Also enclosed is our firm check in the amount of \$35.00 made payable to the Secretary of State.

Should you have any questions concerning this matter, please contact me.

Sincerely,


Ginger Madewell
Office Administrator

Encls.

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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

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2006 NOV 30 PM 4:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. The name of the corporation: Galloway Brennan & Billmeier,
2. The principal office address: 490 Frank Shaw Road
Tallahassee, FL 32312
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 05/25/2006 Document number: P06000073317
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

Galloway, Clyde W Jr
490 Frank Shaw Road
Tallahassee, FL 32312

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Galloway, Clyde W Jr
240 East 5th Avenue
(P.O. Box NOT acceptable)
Tallahassee, FL 32303

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.


(Signature of an officer or director)

CLYDE W. GALLOWAY JR. PRESIDENT
(Printed or typed name and title)

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.


(Signature of Registered Agent)

11.27.06
(Date)

If signing on behalf of an entity:

(Typed or Printed Name)

*** FILING FEE: \$35.00 ***

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (8/05)