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J. SAULSBERRY EXAMINER

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COVER LETTER

TO:	Registration Section Division of Corporations	
SUBJ	· · · · · · · · · · · · · · · · · · ·	e Blossom Investment, LLC
	Name o	of Limited Liability Company
Dear	Sir or Madam:	
The e	nclosed Registered Agent/Registered	d Office Change and fee(s) are submitted for filing.
Please	e return all correspondence concerni	ng this matter to the following:
	Stephen M. Cohen	
	Name of Person	
	Law Offices of Stephen M. Coh	nen, P.A.
	Firm/Company	
		DEC AHA
	4500 PGA Boulevard, Suite	
	Address	
	Dalm Basah Candona El 2	
	Palm Beach Gardens, FL 3	3418
	City/State and Zip Code	# 6
	stephen@smcohenlaw.co	om .
E	-mail address: (to be used for future annual repo	ort notification)
For fu	orther information concerning this ma	atter, please call:
	Stephen M. Cohen	at (561) 624-2201
	Name of Person	Area Code & Daytime Telephone Number
	STREET/COURIER ADDRESS:	MAILING ADDRESS:
	Registration Section	Registration Section
	Division of Corporations	Division of Corporations
	Clifton Building	P.O. Box 6327
		Tallahassee, Florida 32314
,	Tallahassee, Florida 32301	
	Enclosed is a check for the follow	ving 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:	Orange Blossom Investment, LLC	
2. (a) Principal office address of limited liability co	mpany:	
(Note: MUST BE STREET ADDRESS)	4146 OKEECHOBEE ROAD FORT PIERCE FL 34947	
(b) Mailing address of limited liability company:		
(Note: MAY BE POST OFFICE BOX)	4146 OKEECHOBEE ROAD FORT PIERCE FL 34947	
06/11/02	L02000014512	
3. Date of filing/registration in Florida	4. Document number	
5. (a) Registered Agent and Registered Office show	wn on the records of the Florida Dept. of State:	
Registered Agent:	April Brewer	
Registered Office Address:	4146 OKEECHOBEE ROAD FORT PIERCE FL 34947-19	
(b) Enter name of <u>NEW Registered Agent</u> and/one <u>NEW Registered Agent</u> : NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	Stephen M. Cohen M.	
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 company. Signature of a member or authorized representative of a member		
Stephen M. Cohen Printed or typed name of signee I hereby accept the appointment as registered agent comply with the provisions of all statutes relative to 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 consignature of Registered Agent	and agree to act in this capacity. I further agree to the 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.	

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