## L03000000829

| (Requestor's Name)                      |
|---|
|   |
| (Address)                               |
|   |
| (Address)                               |
|   |
| (City/State/Zip/Phone #)                |
| PICK-UP WAIT MAIL                       |
|   |
| (Business Entity Name)                  |
|   |
| (Document Number)                       |
|   |
| Certified Copies Certificates of Status |
|   |
| Special Instructions to Filing Officer: |
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|   |

Office Use Only



200021033882

07/02/03--01033--002 \*\*25.00

9 DIVISION OF CORPORATION

1 03 JUL -2 PH 12: 33

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

| Pursuant to the provisio<br>liability company submit<br>agent, or both, in the Stat   | s the following states   | 16 or 608.508,<br>ment in order to<br>——  | Florida Stat<br>change its i  | utes, the un<br>registered of  | dersigned lii<br>fice or regis   | mitea<br>terea                  |
|---|--|---|---|--|--|---------------------------------|
| 1. The name of the limite   | ed liability company i   | s: American   | Municip   | AL MAINT   | EDVANCE.   | LC                              |
| 2. The mailing address o  | f the limited liability  | company is: 1   | 7750 5  | W 54   | STREET   | ٠٠                              |
| SOUTHWEST   | $\sim$   | FLONIDA   |   |  |  |                                 |
| 07NV. 8, 700  | 3  | <del></del>   | L0300   | 0000 B   | 29   |                                 |
| 3. Date of filing/registrat   |  | 4   | . Document  |  |  |                                 |
| 5. The name of the registe Florida Department of  |  | gistered office ad  | dress as show   | wn on the rec  | cords of the   |                                 |
|   | Business F   | Name  | PCORPOR   | <u>map</u>   |  |                                 |
|   | 660 EAST J   | Address   | STEET   |  |  |                                 |
|   | TALLAHASSIFE<br>Cit  |   | 3.301   | <u> </u>   |  |                                 |
| 6. The name and address   | of the new registered  | agent and/or off  | īce:  | ·-   |  |                                 |
|   | Tou M. C   | LAUDITO   |   |  |  |                                 |
|   |  | Name  |   |  |  |                                 |
|   | 8937 NW 3  | PLACE   |   |  |  |                                 |
|   | Florida street addre   | ess (P.Q. Box No  | OT acceptable   | le)  | JUL SO   | 2                               |
|   | Coest Springs  |   | 11 -7425  |  | [ -2   |                                 |
|   | City,  | State and Zip   |   |  | -o 3   | 200                             |
| If the limited liability com confirmed that after the cland the business office of liability company, it is here the members of the limite the operating agreement of | nange or changes are<br>the registered agent<br>reby confirmed that the<br>d liability company o                   | made, the Florid<br>will be identical.<br>ne change(s) was<br>r as otherwise p                    | a street addro<br>Or, in the call<br>were author                                  | ess of the reg<br>ase of a Flor<br>rized by an a                                 | gistered offici<br>ida limited<br>ffirmative vo  | 豆m<br>Esof                      |
| orano fuis 1  |  | :   |   |  |  |                                 |
| (Signature of a member or author  | ized representative of a men   | iber)   |   | r —  |  |                                 |
| TZui M. Clá   | G NATU   | -<br>-<br>-   |   | _  |  |                                 |
| (Printed or typed name of signee)   |  |   |   | •  | "  |                                 |
| I hereby accept the appoint the appoint comply with the provision and I am familiar with an Chapter 608, F.S. Or, if the address, I hereby confirm                    | intment as registered s of all statutes related accept the obligation his document is being that the limited liabi | agent and agree<br>we to the proper<br>ons of my positio<br>g filed to merely<br>lity company has | to act in this<br>and complet<br>n as register<br>reflect a cha<br>s been notifie | s capacity. I<br>te performan<br>ed agent as p<br>nge in the re<br>ed in writing | further agrected for the following for the follo | e to<br>les,<br>in<br>ce<br>ge. |
| (Signature of Registered Agent)   |  |   | ****  | <del></del>  |  | •                               |

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314