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FOWLER, WHITE, GILLEN, BOGGS, VILLAREAL AND BANKER, P.A.

ATTORNEYS AT LAW

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TAMPA, FLORIDA 3360:

(813) 228-7411

January 4, 1999

CERTIFIED MAIL, RETURN RECEIPT REQUESTED

Division of Corporations Post Office Box 6327 Tallahassee, FL 32314

Re: Carlen Realty, LLC

200002733782--1 -01/07/99--01094--006 *****35.00 *****35.00

Dear Sir/Madam:

Enclosed please find a Statement of Change of Registered Office or Registered Agent with respect to the above-referenced limited liability company, along with a check for \$35.00 for the filing fee.

Please file this form and return an acknowledgment copy to our office.

Thank you in advance for your assistance.

Best regards,

Cody W. Waters

CWW/sdc Enclosure cc: John F. Pace, C.P.A. (w/encl.) H:\CWW\LTR\770

DIVISION OF CORPORATIONS

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Florida Department of State, Sandra B. Mortham, Secretary of State

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

	is of sections 608.416 or 608.508, Florida Statutes, the undersigned limited and under the laws of the State ofFlorida
	ement in order to change its registered office or registered agent, or both, in (PLEASE PRINT)
la. The name of the limite	ed liability company is: Carlen Realty, LLC
Ib. The mailing address o	of the limited liability company is:
23 East Tarpon Av	enue; Tarpon Springs, Florida 34689
lc. Date of filing/registrat	ion in Florida: 10/08/98 Document number: 198000002207
2. The name and address o	of the current registered agent and office:
-	Cody W. Waters
	501 E. Kennedy Blvd., Suite 1900
	Tampa, Florida 33602
3. The name and address of	f the new registered agent and office: (P.O. Box NOT ACCEPTABLE)
	John F. Pace 23 East Tarpon Avenue Tarpon Springs, Florida 24600
-	_23 <u>East Tarpon Avenue</u> 5 %
A Constant	Tarpon Springs, Florida 34689
company or as provided in the	re made, the street address of the registered office and the business office of entical. by affirmative vote of a majority of the members of the limited liability enticles of organization or the regulations of the limited liability company.
(Signature of a member or author	(Date)
Carol E. Martin, Pr (Printed or typed name and Having been named as various	d title)
complete performance of my as registered agent.	tered agent and to accept service of process for the above stated limited accept the appointment as registered agent and agree to act in this comply with the provisions of all statutes relative to the proper and duttes, and I am familiar with and accept the obligations of my position
(Signature of Registered A	
	Corporations, P.O. Box 6327, Tallahassee, FL 32314
NHS 18(1/96)	FILING FEE: \$25.00

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