

Florida Department of State

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

Pursuant to the provisi liability company submagent, or both, in the St	its the following ate of Florida.	statement in order	to change its register	ed office or registered
1. The name of the limit				
2. The mailing address:	of the limited list	nility company is : _	9200 E Panorama Circle, I	Englewood, CO \$0112 ,
				
11/7/2000			m00000000	1299
3. Date of filing/registre	ation in Florida		4. Document number	
5. The name of the regis Florida Department o	tered agent and the f State:	he registered office	address as shown on ti	ie records of the
	Corneration Serv			
		Name		_ = =
	1201 Hays Street			04 MAR -4
		Address		Signal Signal
	Talishance, FL	12301 City, State and Zi		70 ₹
-		City, state and Zi	P.	- 7
6. The name and address	s of the new regis	pered agent and/or o	ffice	04 MAR -4 PM 3: 25
	CT Corporation \$	system .		GRA G.
•		Name		* A
	1200 South Pipe Is			S. S.
3 .		address (P.O. Box l	VOT acceptable)	£n.
	Plantation	FL 33324		
		City, State and Zip		
If the limited liability conconfirmed that after the confirmed that after the cand the business office of liability company, it is he the members of the limit the operating agreement the operating agreement (Signanus of a member or authority).	change or changes f the registered as creby confirmed t ed liability comps of the limited liab LACIA	s are made, the Flor gent will be identica hat the change(s) we any or as otherwise pility company.	ida street address of th	e registered office
Christen Vinnols, Vice Presid (Frinted or typed name of signes	lent			
I hereby accept the appo comply with the provision and I am familiar with an Chapter 608, F.S. Or, if address, I hereby confirm C T Corporation System C KMI AF (Signature of Regulard Agent	vintment as registers of all stanues real accept the obli- this document is to the properties of the obli- this document is to the obli- that the limited of the obli-	eigitve to the prope gations of my positi beino filed to mereli	r and complete perjor: on as registered agent vreflect a chance in th	mance of my duties, as provided for in
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