M02000001022

(Re	equestor's Name)	
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DIVISION OF CORFORATION OF AUG 20 PM 3: 10

TRANSMITTAL LETTER

Amendment Section Division of Corporations

TO:

SUBJECT: Commons Br	read, LLC	-11	successor to the	progs. 40	1 - 12		
	(Name of	corporation)				
DOCUMENT NUMBER:	M02000001022		_ 		· · ·	£,	ەر بەر ئىق قاخىدىن
The enclosed Statement of Char	ige of Registered Of	fice/Agent	and fee ar	e submitte	ed for filing.		
Please return all correspondence	concerning this ma	tter to the	following:				
Katherine Kirk (Name of	person)	· *	•	rings journal of	نعد ا	10.	. ي <u>ن</u> ين ي فقد تا. ا
Daland Corporation (Name of firm	/company)	:	s see		- التر		3 -
PO Box 789950 (Addre	ess)) .		<u>*:</u> .	. ** 1	-	<u></u>
Wichita KS 67278 (City/state and	zip code)	<u> </u>	- 4	***************************************	,	. "	· · · · · · · · · · · · · · · · · · ·
For further information concern	ing this matter, plea	se call:					
Katherine Kirk (Name of person) Enclosed is a \$35.00 check mad		rea code &	713-392 daytime te f State.	e8 lephone nu	mber)		
Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Addres Amendment S Division of Co 409 E. Gaines Tallahassee, F	ection rporations Street					

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.

The mailing address 	of the limited liability com	pany is: 2414 N	. Woodlawn #201	
_		Wichit	a KS 67220	
	π · .			
April 19, 2002	A	M020	00001022	دست دست
3. Date of filing/registra	ation in Florida		ument number	
5. The name of the regis Florida Department of	tered agent and the registe f State:	red office address	as shown on the recor	ds of the
,	CT Corporation S	ystem		·
. =		Name		1,000
	1200 South Pine		<u> </u>	
		ddress		
	Plantation FL 33	324 tate and Zip	<u> </u>	
	•	•		
6. The name and address	s of the new registered age William N. Kirk Moss, Henderson,		 er, Kretschmer 8	Murphy,
		ame		
, ·	Florida street address (P.O. Box NOT acc	ceptable)	03
	Vero Beach	3 29 64 FL	<u> </u>	AUG
	City, Sta	ite and Zip		20
and the business office of liability company, it is he the members of the limit the operating agreement	ompany is not organized un change or changes are mad of the registered agent will be be confirmed that the c ted liability company or as of the limited liability con	de, the Florida stree be identical. Or, in hange(s) was/were otherwise provided inpany.	et address of the regist of the case of a Florida authorized by an affir	tered office i limited: rmative v ote
(Signature of a member of buthe	orized representative of a member)			
	h, Jr., President	the state of the s	o Sia⇔ras ÷ .	
(Printed or typed name of signe		. 7		. 7
I hereby accept the app- comply with the provision and I am familiar with a	ointment as registered age ons of all statutes relative t and accept the obligations of this document is being fil on that the limited liability	nt and agree to act to the proper and c of my position as re	in this capacity. I fu omplete performance egistered agent as pro	rther agree of my dutie vided for in

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

FILING FEE: \$25.00

INH\$18(10/99)