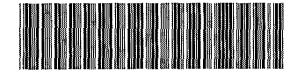
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(Re	equestor's Name)	
(Address)		
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PICK-UP	☐ WAIT	MAIL
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SECRETARY LA STATE
TALLAHASSEE, FLORIDA

02 DEC 18 AM 10: 1:

MAIL TO:

FLURIDA BEPT. OF STATE

Dev. of CORP.

Copp. Records
P.O. Box 6327
TOUGHASSEE, Fr 32314
ATTN: FOCK BRUPAN

December 9, 2002

Ben & Sas McGarry 3119 S.E. 22nd Place Cape Coral, FL 33904

Re: S & B 33904 Development Ltd. Co.

Before we can change the Registered Agent/Registered Office you must complete the enclosed form and pay the fee of \$25.00.

We have changed your principal office address on our system to reflect the new address of 3119 S.E. 22nd Place, Cape Coral, FL 33904.

Very truly yours;

Document Spec.

Enclosure(s)

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. The name of the limited liability company is:	5+B 33904 DEVELOPMENT LTD.
2. The mailing address of the limited liability con	pany is: (NEW) 3119 SE. 22 NO PLACE
	CAPE CORPY FL 33904
may 31, 2002	MO20000/1427
3. Date of filing/registration in Florida	4. Document number
1207 Hays A TRUAHASSEC City, S 6. The name and address of the new registered and BENJAMIN L. 3/19 SE. aux Florida street address	Name ST. ddress tate and Zip ent and/or office: TO GROW P.O. Box NOT acceptable) SGLUICE Company AUGUST AUGUST
CAPE CORAL City, Sta	FL 33904.
If the limited liability company is not organized un confirmed that after the change or changes are ma- and the business office of the registered agent will	nder the laws of the State of Florida, it is hereby de, the Florida street address of the registered office be identical. Or, in the case of a Florida limited hange(s) was/were authorized by an affirmative vote of otherwise provided in the articles of organization or npany.
I hereby accept the appointment as registered age comply with the provisions of all statutes relative and I am familiar with and accept the obligations Chapter 608, F.S. Or, if this document is being fill address, I hereby confirm that the limited liability (Signarare of Registered Agent)	ent and agree to act in this capacity. I further agree to to the proper and complete performance of my duties, of my position as registered agent as provided for in ed to merely reflect a change in the registered office company has been notified in writing of this change. Box 6327, Tallahassee, FL 32314
INHS18(10/99) FILING	G FEE: \$25.00

INHS18(10/99)