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PICK-UP	☐ WAIT	MAIL		
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Special Instructions to Fili	ng Officer:			

Office Use Only



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July 26, 2005

VIA FIRST CLASS MAIL

Filing Officer
Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Re:

ANDEC, LLC Change of Agent

Dear Filing Officer:

Sincerely,

Marc Moorman

Attached please find one original state of change of registered office and registered agent for ANDEC, LLC. Please process the attached statement and return the evidence of filing to me via the prepaid envelope enclosed herein. Please feel free to contact at the phone number above with any questions.

Marc Moorman

Legal Assistant/Business 202.775.5727 DIRECT 202.857.6395 FAX moorman.marc@arentfox.com

Reference Number 017145.00998

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Arent Fox PLLC WASHINGTON, DC NEW YORK 1050 Connecticut Avenue, NW Washington, DC 20036.5339 202.857.6000 PHN 202.857.6395 FAX www.arentfox.com

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 limite	d liability company is: _	ANDEC	, LLC	
2. The mailing address of	the limited liability com	pany is :	c/o Anthony D. Gervasio, Managing	
Member, 15348 SW 40				
A = 14 000E			1.000,000,0457	
April 1, 2005			L05000032457	
3. Date of filing/registration	on in Florida		4. Document number	
5. The name of the register Florida Department of S	State:		e address as shown on the records of the	
	CT Corporation Syste			
	1200 South Pine Islan			
	Platation, Flirda 3332	ddress 4 /	lantation, Florida 33324	
6. The name and address of the new registered agent and/or office.				
	Anthony D. Gervasio 15348 SW 40th Court Florida street address (P.O. Box NOT acceptable) Miramar, FL 33324 Cîty, State and Zip			
	Florida street address (P.O. Box NOT acceptable) Miramar. Pr. 33324			
	Florida street address (P.O. Box	NOT acceptable) SSG 9	
	Miramar,	FL 333	24	
	Cîty, Star	te and Zi	ip ORA : O	
confirmed that after the chand the business office of liability company, it is her	nange or changes are mad the registered agent will be confirmed that the cl d liability company or as	le, the Fl be identi hange(s) otherwis	aws of the State of Florida, it is hereby orida street address of the registered office ical. Or, in the case of a Florida limited was/were authorized by an affirmative vote of se provided in the articles of organization or	
(Signature of a member or authori	zed representative of a member)		_	
Anthony D. Gervasio, I	Managing Member		<u></u>	
(Printed or typed name of signee)		•		
12h / L	ntment as registered age s of all statules relative to d accept the obligations of his document is being file that the limited liability of	nt and as o the pro of my pos ed to mei company	gree to act in this capacity. I further agree to per and complete performance of my duties, sition as registered agent as provided for in rely reflect a change in the registered office has been notified in writing of this change.	
(Signature of Registated Agent)	 			
Divisio	n of Corporations, P.O.	Box 632	27, Tallahassee, FL 32314	

FILING FEE: \$25.00