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Zimmerman Kister & Sutc. lif	૧-૯
Landmark Center one (Address)	
(City/State/Zip/Phone #)	!
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(Business Entity Name)	
(Document Number)	
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DIVISION OF C. I. I. I. C. C.

Office Use Only



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.

		D.C. D.Marchanes, IV.O.		
1. The name of the limite	d liability company is: _	B & P Ventures, LLC	·	
2. The mailing address of	f the limited liability comp	pany is: 11219 S. Orange Bloss	som Trail,	
Orlando, Florida	a 32837		_	
OLIMBO, LIGHTON	1 32031		•	
8/21/02			L02000021592	
3. Date of filing/registrat	ion in Florida	4. Document number		
5. The name of the register Florida Department of	ered agent and the register State:	red office address as shown on the reco	ords of the	
	Bonus, Phillip, E.,	Esq.		
	170 E. Washingto			
		ddress		
	Orlando, FL 328	ate and Zip		
	• •	•		
6. The name and address	of the new registered age	nt and/or office:	300) 1900	
	Carlos M. Colomb	∞ Fea	JANSTON OF CO	
		me		
		Street, Suite 600	<u> </u>	
		P.O. Box NOT acceptable)	2 2 2	
	1101144 01140 4441100 (,	ts	
	Orlando,	FL 32801	8:5	
	City, Star	te and Zip	8	
confirmed that after the c and the business office of liability company, it is he	hange or changes are made the registered agent will breby confirmed that the content is ability company on the limited liability company or the limited liability content of the		istered office da limited ffirmative vote	
Tracy Pier (Printed or typed name of signee	ce			
I hereby accept the appo comply with the provision and I am familiar with an Chapter 608 F.S. Or, if address, Thereby confirm (Signature of Registered Agent)	intment as registered age ns of all statutes relative t nd accept the obligations of this document is being file What the limited liability	nt and agree to act in this capacity. It is the proper and complete performant of my position as registered agent as red to merely reflect a change in the recompany has been notified in writing to	further agree to e of my duties, rovided for in gistered office of this change.	
/ Divisio	on of Corporations, P.O.	. Box 6327, Tallahassee, FL 32314		

FILING FEE: \$25.00

INHS18 (8/05)