## M0500002591

| (Requestor's Name)                      |  |  |  |
|---|--|--|--|
| (Address)                               |  |  |  |
| (Address)                               |  |  |  |
| (City/State/Zip/Phone #)                |  |  |  |
| PICK-UP WAIT MAIL                       |  |  |  |
| (Business Entity Name)                  |  |  |  |
|   |  |  |  |
| (Document Number)                       |  |  |  |
| Certified Copies Certificates of Status |  |  |  |
|   |  |  |  |
| Special Instructions to Filing Officer: |  |  |  |
| Office Use Only                         |  |  |  |



500108441945



OT SEP -7 AM 10: 22
SECRETARY OF STATE
SECRETARY OF STATE



| ACCOUNT NO.                          | : _072100000032                        | **               |
|--------------------------------------|--|------------------|
| REFERENCE                            | : 214401 7444590                       |                  |
| AUTHORIZATION                        | : Spullolenas                          | ر                |
| COST LIMIT                           | //\                                    |                  |
|                                      |  |                  |
| ORDER DATE : September 5, 20         | 07 - 5                                 | 報号の              |
| ORDER TIME : 12:24 PM                | -                                      | 强马               |
| ORDER NO. : <u>2</u> 14401-410       | <u>-</u>                               | SE IM            |
| CUSTOMER NO: _ 7444590               | <u>-</u>                               |                  |
| ·                                    | ·                                      | 65 22<br>22 - 22 |
| CHANGE OF                            | AGENT                                  | Dr.              |
|                                      | ************************************** | · ·              |
|                                      |  |                  |
| NAME: SUMMERVILLE                    | 17 LLC =                               |                  |
|                                      |  |                  |
|                                      |  |                  |
| PLEASE RETURN THE FOLLOWING A        | C DROOF OF FITTING.                    |                  |
|                                      | o ekoor or effiling:                   |                  |
| CERTIFIED COPY XX PLAIN STAMPED COPY | * ************************************ |                  |
|                                      | - <b>c</b>                             | •                |
| CONTACT PERSON: Kathy Drake          |  |                  |
|                                      |  |                  |
| <b>E</b>                             | XAMINER'S INITIALS:                    |                  |

## 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.

**FILING FEE: \$25.00** 

INHS18 (8/05)

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