L07000119901

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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08 AUG 22 AM 8:54

SECRETARY OF STATE
TALLAHASSEE FLORIDA

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. Name of the limited liability company: 1201-1215 DREW ST LLC

2. (a) Principal office address of limited liability company: 2150 DIAMOND CT
(***Note: MUST BE STREET ADDRESS***) OLDSMAR FL 34677

(b) Mailing address of limited liability company: 2150 DIAMOND CT
(Note: MAY BE POST OFFICE BOX) OLDSMAR FL 34677

8-15-2008
3. Date of filing/registration in Florida

LO 7000 111 901
4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Agent: CAROL A UHRICH

Registered Office Address: 2150 DIAMOND CT
OLDSMAR FL 34677

(b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

NEW Registered Agent: JAMES M UHRICH

NEW Registered Office Address:
(MUST BE FLORIDA STREET ADDRESS) 2150 DIAMOND CT
OLDSMAR, FL 34677

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

(Signature of a member or authorized representative of a member)

CAROL A UHRICH
(Printed or typed name of signee)

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

(Signature of Registered Agent)

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314
FILING FEE: $25.00

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08 AUG 22 AM 8:54
SECRETARY OF STATE
TALLAHASSEE FLORIDA

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