Address Cit Ron A. Rhoades, P.A. 2428 North Essex Avenue Hernando, Florida 34442

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

CR2E031(7/97)

1.		
(Corporation Name)	(Document #)	
2.	60000448	918458
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NEW FILINGS Profit Not for Profit Limited Liability Domestication Other OTHER FILINGS Annual Report	AMENDMENTS Amendment Resignation of R.A., Officer/Director Change of Registered Agent Dissolution/Withdrawal Merger REGISTRATION/QUALIFICATION Foreign	FILED 2001 JUL 23 PM L: 97
Fictitious Name	Limited Partnership Reinstatement Trademark Other	
	Examiner's Initial	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.

agent, or both, in the Sto	ite of Florida.	The state of the s		u ojjice	0, 10	gases e	
1. The name of the limi	ted liability company	is: <u>Joseph & Company I</u>	Financial	Servic	es,	LLC	_•
		company is: 24 Oak Vi					
		Homosassa,	, Florida	<u>34446</u>			
January 24, 2000		T0000000)0816	-			-
3. Date of filing/registration in Florida 4. Document number				· .	<u>-</u> ¹		
5. The name of the regis Florida Department of	tered agent and the reg f State:	gistered office address as s	shown on the	erecords	of th	ıe	
矣	Peter A. Napol						
•	7617 Little Roa	Name d		200 DIV ₁ J TAL			
		Address Florida 34654 y, State and Zip		ON OF	JUL 23	<u> </u>	· . · . · .
6. The name and address		•		CORPOSEE, I			
	Ron A. Rhoades	Name		ORAT FLORI	PM 4: 2	O	<u>.</u> *
	2428 North Essex	Name K Avenue			?7		
		ess (P.O. Box NOT accept	table)	ေ		-	
	Hernando,	FL 34442					
	City,	State and Zip	. -				
and the business office of liability company, it is he the members of the limit the operating agreement	thange or changes are fithe registered agent was the confirmed that the diability company of the limited liability	d under the laws of the Sta made, the Florida street ac will be identical. Or, in the e change(s) was/were aut r as otherwise provided in company.	ddress of the e case of a F horized by a	register lorida li	ed of	fice I	 f
Signature of a member or author	rized representative of a mem	ber)		,			
(Printed or typed name of signee	Virgilio						. v <u>1.</u> -
I hereby accept the appo comply with the provision and I am familiar with an Chapter 608, F.S. Or, if address, I hereby confirm (Signature of Registered Agent)	-//2	agent and agree to act in a ve to the proper and comp ns of my position as regis g filed to merely reflect a c lity company has been not	this capacity plete perforn tered agent change in the ified in writi	v. I furth iance of as provi e registe ing of th	ier ag my d ded fo red o is cha	ree to uties, or in ffice inge.	· · · ·

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

INHS18(10/99)

FILING FEE: \$25.00