L00000001517

ELLIOTT / ROMERO		
3720 COASTAL HIGHWAY —— CRAWFORDVILLE, FL 32327 ———		
(Address)		
·		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
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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 state of Florida.		
1. The name of the limited liability company is: Roy	nero Elliott Holdings, LLC	
2. The mailing address of the limited liability company is:	3720 Coastal Hwy.	
Crawfordville, FL	32327	
Crawfordville, FL 2/8/2000	L00000001517	
3. Date of filing/registration in Florida	4. Document number	
5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State: Teff Gr. Romero		
2571 Crawfor Address Crawfordville City, State and 2	FL 32327	
6. The name and address of the new registered agent and/or	office:	
Teff Gr. Rov Name 3720 Coastal Florida street address (P.O. Box Craw fordville FL City, State and Zi		
If the limited liability company is not organized under the la confirmed that after the change or changes are made, the Floand the business office of the registered agent will be identifiability company, it is hereby confirmed that the change(s) the members of the limited liability company or as otherwise the operating agreement of the limited liability company. Signature of a member or authorized representative of a member)	orida street address of the registered office cal. Or, in the case of a Florida limited was/were authorized by an affirmative vote of	
Laura A. Elliatt - managing, (Printed or typed name of signee)	member	
I hereby accept the appointment as registered agent and ag comply with the provisions of all statutes relative to the pro- and I am familiar with and accept the obligations of my pos Chapter 608 F.S. Or, if this document is being filed to mer address, I hereby confirm that the limited liability company (Signific Professional Agent)	ree to act in this capacity. I further agree to per and complete performance of my duties, ition as registered agent as provided for in ely reflect a change in the registered office has been notified in writing of this change.	
Division of Corporations, P.O. Box 632	77, Taliahassee, FL 32314	

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FILING FEE: \$25.00

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