## L00000002144

Nordic Properties, LLC David A. Stowell 3915 Riga Blvd. Tampa, FL 33619						
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ALLAHASSEE, FLORIDA

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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.

1 770 Cut Timber 3	\$5 - \$. \$554					
1. The name of the limited	nability company is:	_Nordic_F	roperties,	LLC		
2. The mailing address of the	ne limited liability cor	mpany is: _	3915 Riga	Blvd.		<del></del>
			Tampa, FL	22619		
		<del>!</del> .	THE PARTY OF THE	-1-141-1		
February 25, 2000			L00000000			
3. Date of filing/registration	n in Florida		4. Documen	t number		
5. The name of the registere Florida Department of St	d agent and the registrate:	tered office a	address as sho	own on th	7	
-	Michael R.	Cannon				3
<del>-</del>		Name	·-	<del></del>	Ar E	ე <del>ლეთე</del>
_	648 Harbor				-00-	
		Address			SE	
-	<u>Clearwater</u> City, S	FL 3376 State and Zin	6 <u>7</u>	<del></del>	<u> </u>	m
6. The name and address of			•		12: 26 L'OKHD	TIME
_	Connie J. I	Rodriguez		<u> </u>		ites se
		Vame				
<u></u>	3915 Riga 3	Blvd.				-
	Florida street address	(P.O. Box I	NOT acceptal	ble)		
	Tampa.	FI. a	3619			
_		tate and Zip				, ,
If the limited liability comp confirmed that after the cha and the business office of the liability company, it is here the members of the limited the operating agreement of Signature of a member or authorized.	nge or changes are made registered agent will by confirmed that the liability company or a she/limited liability co	ade, the Flor Il be identica change(s) w as otherwise ompany.	ida street add d. Or, in the as/were autho	lress of the case of a prized by	e registered Florida lim an affirmat	l office ited ive vote of
David A. Stowell. Man (Printed or typed name of signee)			-			
I hereby accept the appoint comply with the provisions and I am familiar with and Chapter 608, F.S. Or, if this address, I hereby confirm to	ment as registered ag of all statutes relative accept the obligations is document is being fi hat the limited liability	gent and agr to the propi s of my posit iled to merei y company h	ee to act in the er and compl ion as registe ly reflect a ch as been notif	iis capaci ete perfoi ered agen lange in t led in wr	ty. I further mance of n t as provide he registere iting of this	r agree to ny duties, ed for in ed office change.
(Signature of Registered Agent)	nanos	<del></del>	•			

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

INHS18(10/99)

**FILING FEE: \$25.00**