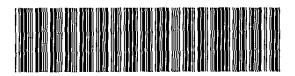
## L00000005899

(Re	equestor's Name)	
(Ad	ldress)	
(100	areas,	
(Ac	ldress)	
(Cit	ty/State/Zip/Phone i	#)
PICK-UP	MAIT	MAIL
(Bu	ısiness Entity Name	e)
(Do	ocument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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LIMITED LIABILITY COMPANY

## · LIMITED PARTNERSHIP STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT, OR BOTH

Pursuant to the provisions of sections 620.105 and 620.1051, Florida Statutes, the undersigned limited partnership submits the following statement in order to change its registered office or registered agent,

608.415

or both, in the state of Flo	rida.	
I LECUBED,	LLC	
*· <u></u>	Name of the limited partnership	
5/23/00	LLC	•
Z	3_ L0000000 5890	
Date of filing/registrati	on in Florida Document number assign	led
4. The name of the registe	red agent and the registered office address as shown on the	records of the Florida
Department of State:		
	Corporation Service Company	
	Name	
	Name 1201 Hays Street	<u>. •                                     </u>
<del></del>	Address	SE SE
	Tallahassee, FL 32301.2525	
	City, State and Zip	
	ony, water any	8 1
F T1	Salar management and for affice.	388 24 F
5. The name and address of	of the new registered agent and/or office:	
	K. Jane Mercer	프 <u>야</u> 로 O
<del></del>	K. Jane Mercer Name	_ <u>\$55</u>
	877 Executive Center Dr. W. Ste	103/11
<del></del> _	Florida street address (P.O. Box not acceptable)	_
	St. Perensburg FL 33702  City, State and Zip	<u>.                                    </u>
	City, State and Zip	- <del></del>
6. Such change(s) was/we	re authorized by the general partners.	
oct 1	MEMBERS	
		•
Signature of General Partner		
MEMBER I hereby accept the appoint	ment 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 e obligations of my position as registered agent. Or, if this in the registered office address, I hereby confirm that the	of my duties, and I an
familiar with and accept th	e obligations of my position as registered agent. Or, if this	document is being filed
merety to reflect a change been notified in writing of t	in the registered office address, I hereby confirm that the his change.	1 L.C.
out and the second of the		
/a/ F TANE MERCER		

Make checks payable to Florida Department of State and mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 Filing Fee: \$35.00

Signature of Registered Agent