SIGNATURE REQUIRED

E AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTI

SIGNATURE:

Delignment of the purpose of changing its registered agent, or both, in the State of Fordia.  AURE 23 PN 12: 17  AUG 23 PN 12: 17  AUG 23 PN 12: 17  SECRETARY OF STATE FALLAHASSEE, FLORIDA  AND FLANDEROLE FLORIDA  AUG 23 PN 12: 17  SECRETARY OF STATE FALLAHASSEE, FLORIDA  AUG 23 PN 12: 17  SECRETARY OF STATE FALLAHASSEE, FLORIDA  AUG 23 PN 12: 17  SECRETARY OF STATE FALLAHASSEE, FLORIDA  AUG 23 PN 12: 17  SECRETARY OF STATE FALLAHASSEE, FLORIDA  AUG 23 PN 12: 17  SECRETARY OF STATE FALLAHASSEE, FLORIDA  AUG 23 PN 12: 17  SECRETARY OF STATE FALLAHASSEE, FLORIDA  AUG 23 PN 12: 17  SECRETARY OF STATE FALLAHASSEE, FLORIDA  AUG 23 PN 12: 17  SECRETARY OF STATE FALLAHASSEE, FLORIDA  AUG 23 PN 12: 17  SECRETARY OF STATE FALLAHASSEE, FLORIDA  AUG 24  SECRETARY OF STATE FALLAHASSEE, FLORIDA  AUG 25  SECRETARY OF STATE FALLAHASSEE, FLORIDA  SECRETARY OF STATE FALLAHASSEE, FLORIDA  SECRETARY OF STATE FALLAHASSEE, FLORIDA  AUG 25  SECRETARY OF STATE FALLAHASSEE, FLORIDA  SECRETARY OF STATE	OOCU . Entity Nam	MENT #	# L00000	000690	05							
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Street Address (P.O. Box Number is Not Acceptable)  Street Address (P.O. Box Number is Not Acceptable)  City FL; Zip Code  a above named entity submits this statement for the purpose of changing its registered effice or registered agent, or both, in the State of Fiorida.  ATURE  Synature, byead or private name of registered agent and lates if applicables. (NOTE: Registered Agent segretable receives when retotatory). DATE  FILE NOW!!! FEE IS \$50.00  Make Check Payable to Department of State  Due By September 26, 2001  ADDITIONS/CHANGES  THE NAME  ADDITIONS/CHANGES  Change   Addit  DOUGLAS BRICERUS  ADDITIONS/CHANGES  CHANGES  STREET ADDRESS  CITY-ST-ZIP  MANAGING MEMBERS/MANAGERIS  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  Delete  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  Delete  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  NAME  STREET ADDRESS  CITY-ST-ZIP  Delete  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  Delete  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  Delete		6. Name a	nd Address of Curre	nt Registered A	gent	Name	9	7. Name and A	ddress of New R	egistered		
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