## L000000008717

FLORIDA FILING & SEARCH SERVICES, INC. P.O. BOX 10662 TALLAHASSEE, FL 32302 PHONE: (850) 668-4318 FAX: (850) 668-3398

DATE: 07-18-01		
NAME: SEVILLE COMMERCIAL ENTERPRISES LLC		
TYPE OF FILING: ARTICLES OF AMENDMENT	TO ACK	PEPARTMI IVISION CO
COST:	ADILA JO AS	ENVED ENT OF STATION
RETURN:	ā	TONE S
Change mailing address + registered agent for Paul	<b></b>	The state of the s
ACCOUNT: FCA000000015	1448	43216
AUTHORIZATION: ABBIE/PAUL HODGE		<b>5</b>

\$18-01

01 JUL 18 PM 1:55 SECREFARY OF STATE ALLAHASSEE, FLORIDA

## 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. The name of the limited	: l liability company is: <u>Sevill</u>	<u>e Commercial</u>	Enterp	rises@LLC	). w	
WARPTS	the limited liability company is:					
_ Tallahass	Jee-92 32302		100000	, 5 (		
July 24, 2000	,	T00000008,	717		<b>-</b> *	
3. Date of filing/registration	on in Florida	4. Document nun			_	
5. The name of the register Florida Department of Si	ed agent and the registered offic tate:	e address as shown o	on the recor	rds of the		
<b>=</b>	Corporate Creations	Network	Inc.			
	Name 941 Fourth Street, #	:200				
-	Miami BEach, Address	39		S		
-	City, State and	Zip			•	
6. The name and address of	f the new registered agent and/or	· office:		ETAR HAS	⊒≥	
_	Florida Filing & Sea	rch Services	, Inc.	PH SEE.		
_	Name 1333 North Duval Str	eet		H I: 5	-	
	Florida street address (P.O. Box	NOT acceptable)		25 S	-	
	Tallahassee FI	32302		مخنة		
_	City, State and Z	.p	-		<b>=</b>	
and the business office of the liability company, it is here the members of the limited	pany is not organized under the lange or changes are made, the Flange registered agent will be identify confirmed that the change(s) liability company or as otherwise the limited liability company.	orida street address (cal. Or, in the case of	of the regist of a Florida	tered office a limited	of	
(Signature of a member or authorize	ed representative of a member)				** ***	
Janet M. Caruccio (Printed or typed name of signee)	, authorized rep. of	member			-	
I hereby accept the appoin comply with the provisions and I am familiar with and Chapter 608, F.S. Or, if the address, I hereby confirm to (Signature of Registers Agent)	tment as registered agent and as of all statutes relative to the proactions of my positions of my positions document is being filed to met the limited liability company			rther agree to of my duties, ovided for in stered office this change.		
Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314						

INHS18(10/99)

**FILING FEE: \$25.00**