SIGNATURE:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Nor App St. Country Zip Country St. Certificate of Status Desired \$5.00 Addisons \$5.00 Addisons \$5.00 Addisons \$5.00 Addisons \$5.00 Addisons \$6.00 Kequitate \$6.00 Kequi	200	1 ONIFORM BU	SINESS REP	ORT (UBR)		
Principal Place of Business Pr.O. S.O. A. GOO \$\frac{1}{2}\cdot \cdot \	1. Entity Name				FILED	
Principal Place of Business Pr.O. S.O. A. GOO \$\frac{1}{2}\cdot \cdot \	FOX	FOXE CHOSE ESTOTES L.L.C.			OLAPR 25 PM 5. FO	
SUMAN SUMB SUMAN			-			
SUMAN SUMB SUMAN	Principal Place of Business : Mailing Address			· ·	TALLAMASSE, FLORIDA	•
2. Principal Piace of Business Suite, Apt. 4, etc.				•		
Suite, Apt. 9, etc. City & State City & St	diean.	1 BEACH, FL 33447	DEURAT B	47CH FU 3144	7	
CRy & State City & State City & State City & State Country E. Country E. Certificate of Status Deared S. Scraw and Address of Current Registered Agent 7. Name and Address of New Registered Agent Siff Ref. Y L. Chié New Add. HOO N' FLE JALL HIGH JA' I City FL Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent. or both, in the State of Polida. SIGNATURE Register Agent symbol to Dearthment of State 9. MANAGING MEMBERS / MEMBERS FILE NOWIH FEE IS \$50.00 Make Check Payable to Department of State 9. MANAGING MEMBERS / MEMBERS FILE NOWIH FEE IS \$50.00 Make Check Payable to Department of State 9. MANAGING MEMBERS / MEMBERS FILE NOWIH FEE IS \$50.00 Make Check Payable to Department of State 9. MANAGING MEMBERS / MEMBERS GOT ST 20 COUNTY STREET ADDRESS GOT ST 20 COUNTY STREET ADDRESS GOT ST 20 COUNTY STREET ADDRESS GOT ST 20 COUNTY GOT ST	2. Principal f	Place of Business	3. Mailing Address			
Zip Country Zip Country S. Certificate of Status Desired \$5.00 Actions Pee Required \$5.00	Suite, Apt. #, etc.		Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE	
8. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent 7. Name 8. N			City & State		\ \ <u>\</u> _	
SEFFREY L. CASEMBERS HOO N-FIGERAL HIGH JAT City FL Zip Code 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Forida. SIGNATURE SI	Zip 			Country	Fee Required	<u> </u>
Signature. Typed or printed name of regignatures. Registerations. Signatures. Typed or printed name of regignatures appears and state. Fagoplatures. Post Employment Agric appears or registerated agents. or boths, in the State of Foorida. Signatures. Typed or printed name of regignatures. Registeration. FILE NOW!!! FEE IS \$50.00 Make Check Peyable to Department of State 9. MANAGINO MEMBERS/MEMBERS 10. ADDITIONS/CHANGES Circles 1. Signatures. Typed or printed name of regignatures. Registeration of State 9. MANAGINO MEMBERS/MEMBERS 10. ADDITIONS/CHANGES Circles 1. Signatures. Typed or printed name of regignatures. Registeration of State 9. MANAGINO MEMBERS/MEMBERS 10. ADDITIONS/CHANGES Circles 1. Signatures. Typed or printed name of regignatures. Registeration of State 9. MANAGINO MEMBERS/MEMBERS 10. ADDITIONS/CHANGES Circles 1. Signatures. Registeration of State 10. Change 1. Signatures. Registeration of State 1. Signatures. Registeration of St				Name	7. Name and Address of New Registered Agent	
######\$D. On Particular State of Change April 1997 Ap	·-	•				
ROCA 27.70以 FL 3241)	48	00 Niphideath H	26H UA7	Street Addres	ss (P.O. Box Number is Not Acceptable)]
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE Signature Signat	Ç07	FTh 304 D	·			
SIGNATURE Signature typed or printed name of registered agent and table if applicable (NOTE Registered Agent synature requires when renotating) DATE	QUEA RATION FL 22421			City	FL Zip Code	
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State	8. The above	e named entity submits this statement	for the purpose of changing it	s registered office or regis	stered agent, or both, in the State of Florida.	
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State 9.	SIGNATURE					
### Check Payable to Department of State Make Check Payable to Department of State		Signature, typed or printed name of registered age	nt and title if applicable. (NO	TE: Registered Agent signature requ	uired when reinstating) DATE	─ ┤
9. MANAGING MEMBERS 10. ADDITIONS/CHANGES ITILE PALLIZIANY & CLO			FILEN	IOWIII FEE IS \$50.0	00	ľ
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information	,					
indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee enhowered to execute this report as required by Chapter 608, Florida Statutes.	11. I hereby c indicated limited liat	ertify that the information supplied wit on this report is true and accurate and pility company or the receiver or truste	th this filing does not qualify for that my signature shall have be enpowered to execute this	r the exemption stated in the same legal effect as if report as required by Cha	Section 119.07(3)(i), Florida Statutes. I further certify that the informati if made under oath; that I am a managing member or manager of the apter 608, Florida Statutes.	on
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