## ROYAL PALM MORTGAGE 4210 DELPRADO BLVD. S. CAPE CORAL, FL 33904 City/State/Zip Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1	(Corporation Name)		(Document #)		· · · · · · · · · · · · · · · · · · ·	-
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ocume <b>©THER</b> I	FILINGS	RE	GISTRATION/	<u>QUALIFICATION</u>	, b	
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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. The name of the limited liability company is: John	11) Murnane Enterorises 110
2. The mailing address of the limited liability company is	s.
BLORH DEI Prado Blud S. Unite, co	inf Com I El 2000
September 12.2000  3. Date of filing/registration in Florida	LOCOCO 10933  4. Document number
5. The name of the registered agent and the registered offi Florida Department of State:	
John W. Murnar Name 4210 Del Drado B Address Capl Coral, Fl. 33 City, State and	Ivd. S.
6. The name and address of the new registered agent and/o	SG >
John 112. Murna Name  3194 Dr. Prodo Ave  Florida street address (P.O. Bo	X NOT acceptable)  33904  SARY  SEE OF STATE  SARY  SA
City, State and Z  If the limited liability company is not organized under the liconfirmed that after the change or changes are made, the Fi	•
confirmed that after the change or changes are made, the Fl and the business office of the registered agent will be identifiability company, it is hereby confirmed that the change(s) the members of the limited liability company or as otherwise the operating agreement of the limited liability company.	ortua street address of the registered office
(Signature of a member or authorized representative of a member)	
(Printed or typed name of signee)	• · · · · · · · · · · · · · · · · · · ·
I hereby accept the appointment as registered agent and ageomply with the provisions of all statutes relative to the product I am familiar with and accept the obligations of my post Chapter 608, F.S. Or, if this document is being filed to meraddress, I hereby confirm that the limited liability company	ree to act in this capacity. I further agree to per and complete performance of my duties, ition as registered agent as provided for in ely reflect a change in the registered office has been notified in writing of this change:
Signature of Registered Agent)	
Division of Corporations, P.O. Box 632	7, Tallahassee, FL 32314

**FILING FEE: \$25.00**