0000012522

**25.00

·	
•	
(Requestor's Name)	
(Address)	
(Address)	500040673495
MACFARLANE FERGUSON & MCMUI	04 OCT 14 AM 9: 4 LLAHASSEE FLOR
P.O. BOX 1531 TAMPA, FLORIDA 33601-1531 (Business Entity Name)	EFFLOR
(Document Number)	10/14/0401004014 **25.0
Certified Copies Certificates of Status	10714704D1004014 **23.0
Special Instructions to Filing Officer:	

#25-CF

Office Use Only

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 limite	d liability company is	s: Robert F	, Johnson Holdings	s, LLC		
2. The mailing address of					•	
Tampa, FL 33601						
10/16/00			L00000012522			
3. Date of filing/registrat	ion in Florida		4. Document numb	per		
5. The name of the register Florida Department of	ered agent and the reg State: Carter B. McCain 400 North Tampa	Name		the records	of the	
6. The name and address	Tampa, FL 3360	Address 2 y, State and 2	Zip	TALLA	2	
o. The limit and address.	Carter B. McCain 201 North Tampa Florida street addre Tampa,	Name Street, Suit	e 2000 NOT acceptable)	HASSEE, FLORIDA		
If the limited liability conconfirmed that after the cand the business office of liability company, it is he the members of the limite the operating agreement of the limited of a member of authority (Signature of a member or authority).	hange or changes are the registered agent reby confirmed that the liability company of the limited liability	made, the Flowill be identing the change(s) or as otherwise company.	orida street address of cal. Or, in the case of was/were authorized	f the register f a Florida li by an affirm	ed office mited ative vote of	
Carter B. McCain						
(Printed or typed name of signee)		-			
I hereby accept the appo comply with the provision and I am familiar with ar Chapter 608, F.S. Or, if address, I hereby confirm	intment as registered ns of all statules relat nd accept the obligati this document is bein n that the limited liab	l agent and ag ive to the pro ons of my pos g filed to mer ility company	gree to act in this cap per and complete per ition as registered as rely reflect a change i has been notified in	acity. I furth rformance of gent as provi in the registe writing of th	ier agree to my duties, ded for in red office is change.	

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

FILING FEE: \$25.00