L0000015498

(Requestor's Name)	
(Address) Cardinal Management Group of South Florida,	10/23/0301027005
Eight-Hundred Fifth Avenue South, Suite 203 • Naples, FL 34102 PICK-UP WAIT MAIL (Business Entity Name)	
(Document Number)	
Special Instructions to Filing Officer: 10 23 PA Change	M.C.C.R.
L-15498	TORIO TORIO

Office Use Only

HLM

**25.00°

FILED

3 00T 23 PH 5: 2:

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.

agon, o. bon, as are dune of 1		14-1-1	
1. The name of the limited liab			1. ± ===================================
2. The mailing address of the	limited liability company is: _	800 Fifth Avenue. Sou	ith, Suite 203
Naples, FL 34102			
12/14/2000		L00000015498	
3. Date of filing/registration in	n Florida	4. Document number	
5. The name of the registered a		address as shown on the	records of the
Florida Department of State: Ro	bert S. Rausch		· · -
28	Name South Biscayne Blvd., Suite	2500	
	Address		
Miami, Florida 33131			
	City, State and Zi	ip	03 (
6. The name and address of the	e new registered agent and/or of	office:	
	bert S. Rausch		23
111	Name 11 Brickell Avenue, Suite 25	500	는 등 명 명 명 명 명 명 명 명 명 명 명 명 명 명 명 명 명 명
Flo	orida street address (P.O. Box l	NOT acceptable)	5: 23
Mia	mi, FL 33131 _{FL}		
	City, State and Zip		
If the limited liability company confirmed that after the change and the business office of the reliability company, it is hereby the members of the limited liab the operating agreement of the (Signature of a member or authorized rep	or changes are made, the Floregistered agent will be identicated agent will be identicated from the change of the change of the change of the company or as otherwise limited liability company.	rida street address of the	registered office
fatrel M. M.	· 4 ¬ ¬ 0 /		
(Printed or typed name of signee)	.4 0 001		·
I hereby accept the appointment comply with the provisions of a and I am familiar with and accepter 608, F.S. Or, if this deaddress, I hereby confirm that	nt as registered agent and agr ill statutes relative to the prop- ept the obligations of my posit ocument is being filed to mere the limited liability company h	ee to act in this capacity er and complete perform tion as registered agent of ly reflect a change in the has been notified in writi	. I further agree to ance of my duties, is provided for in registered office ng of this change.

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

FILING FEE: \$25.00

(Signature of Registered Agent)