



400023755474

10/23/03--01046--012 **25.00

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR ROTH FOR LIMITED LIABILITY COMPANY

• • •	BOTH FOR LIMITED LIA	MILITI COMPANI	
 Pursuant to the provision liability company submit agent, or both, in the State 	ons of sections 608.416 or 60 is the following statement in o te of Florida.	8.508, Florida Statutes, i rder to change its registe	the undersigned limited red office or registered
1. The name of the limited liability company is: Mazeco Construction, LLC			
2. The mailing address of the limited liability company is: 800 Fifth Avenue. S			South, Suite 203
Naples, FL 34102	_		
12/14/2000		L00000015508	
3. Date of filing/registration in Florida		4. Document number	
5. The name of the register Florida Department of	ered agent and the registered of State: Robert S. Rausch	ffice address as shown on	the records of the
	Name 2 South Biscayne Blvd., S		TALL 03
	Addres Miami, Florida 33131		O3 OCT 23 AM II: 57
City, State and Zip			SEC S
6. The name and address of the new registered agent and/or office:			
	Robert S. Rausch		- 5
	1111 Brickell Avenue, Sui	te 2500	
	Florida street address (P.O.	Box NOT acceptable)	
	Miami, FL 33131 _{FL}		
	City, State and	d Zip	
If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.			
(Signature of a member or authorized representative of a member)			
PATRICK W. WQZZE: (Printed or typed name of signee)			
I hereby accept the apportunity with the provision and I am familiar with an Chapter 608, F.S. Or if address, I hereby confirm	intment as registered agent an is of all statutes relative to the id accept the obligations of my this document is being filed to that the limited liability comp	d agree to act in this capa proper and complete perf position as registered ago merely reflect a change in any has been notified in w	city. I further agree to formance of my duties, ent as provided for in the registered office writing of this change.

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

FILING FEE: \$25.00

(Signature of Registered Agent)