LOI 000002042

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MCINTÓSH & WEBB, LLC: 2646 TRILLIUM WAY NAPLES, FL 34105	:-
(Address)	
(City/State/Zip/Phone	#)
PICK-UP WAIT	MAIL
(Business Entity Name	e)
(Document Number)	
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FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

July 1, 2004

MCINTOSH & WEBB, LLC 2646 TRILLIUM WAY NAPLES, FL 34105

SUBJECT: BM, LLC

Ref. Number: L01000002042



We have received your document for BM, LLC, however, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State for \$25.00.

There is a balance due of \$25.00.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6097.

Letter Number: 504A00042829

Marsha Thomas Document Specialist

District of Comparations D.O. DOY COOR E. H. J. B. C. 1. 6001

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.

agent, or both, in the State of Florida.	
1. The name of the limited liability company is: 3M,	LLC
2. The mailing address of the limited liability company is :	_
	NAPLES, FL 34104
02/08/2001	Lo100000 2042
	4. Document number
5. The name of the registered agent and the registered office at Florida Department of State: PACE, R. Scott Name Address	T ESQ TE Φκωύ , STE 115
Naples, FL 34 City, State and Zip	105
6. The name and address of the new registered agent and/or of	ffice:
Cheryl R K. Name 1072 Goodle H. Florida street address (P.O. Box N Magles FL City, State and Zip	IOT acceptable)
If the limited liability company is not organized under the law confirmed that after the change or changes are made, the Flori and the business office of the registered agent will be identical liability company, it is hereby confirmed that the change(s) was the members of the limited liability company or as otherwise put the operating agreement of the limited liability company. (Signature of member or authorized representative of a member)	s of the State of Florida, it is hereby da street address of the registered office l. Or, in the case of a Florida limited as/were authorized by an affirmative vote of provided in the articles of organization or
BARRY WCINTOSH (Printed or typed name of signee)	
I hereby accept the appointment as registered agent and agre comply with the provisions of all statutes relative to the prope and I am familiar with and accept the obligations of my position Chapter 608, F.S. Or, if this document is being filed to merely address. I hereby confirm that the limited liability company has	te to act in this capacity. I further agree to a rand complete performance of my duties, on as registered agent as provided for in y reflect a change in the registered office as heen notified in writing of this change.

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

INHS18(10/99) FILING FEE: \$25.00

(Signature of Registered Agent)