of Corporation Division

Florida Department of State

Division of Corporations Public Access System Katherine Harris, Secretary of State

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To:

Division of Corporations

Fax Number

: (850)205-0380

From:

Account Name

: BARNETT, BOLT, KIRKWOOD & LONG

Account Number : 072731001155

Phone

: (813)253-2020

Fax Number

: (813) 251-6711

DIVISION OF CORPORATIONS

REGISTERED AGENT CHANGE

L.C.M. QUALITY HOME BUYERS, L.L.C.

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

но1000111552 5

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. The name of the limited liability company is: L.C.M. Quality Home Buyers, L.L.C.

	Tampa, FL 33617	:
4/6/01	L01000005575	
. Date of filing/registration in Florida	4. Document numb	er
 The name of the registered agent and the regist Florida Department of State: 	ered office address as shown on	the records of the
Wallace B. An	derson, Jr.	
234 E. Davis B	Name Blvd.	SECH
	Address	0 E.
Tampa, FL 33		
City,	State and Zip	NO SEE S
The name and address of the new registered ag	gent and/or office:	- Es
Michael D. Miller		REC
601 Bayshore B	Name vd., Ste. 700	7
Florida street address	s (P.O. Box NOT acceptable)	
Tampa,	FL 33606	
City, S	tate and Zip	•

and the business office of the registered agent will be identical. Or, in the case of a Florical 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.

er or authorized representative of a member) Larry Boothe

(Printed or typed name of signee)

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I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my auties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

(Signature of Registered Agent) Michael D. Miller

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

**FILING FEE: \$25.00** 

INHS18(10/99)