13537 BAY CAKE LAW		400
TAMPH, PLORINH, 336 — City/State/Zip Phone #	(8	Office Use Only
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NEW FILINGS Profit Not for Profit Limited Liability Domestication Other	AMENDMENTS Amendment Resignation of R.A. Change of Registered Dissolution/Withdra Merger	
OTHER FILINGS Annual Report Fictitious Name	REGISTRATION/QUA Foreign Limited Partnership Reinstatement Trademark Other	
2ρ CR2E031(7/97)		Examiner's Initials

Florida Department of State, Katherine Harris, Secretary of State

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 organized under the laws of the State of ______ submits to the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

(PLEASE PRINT)

1a. The name of the limited liability company is: _____

1b. The mailing address of the limited liability company is: _ 13537 BALLAKE LANE TAMAN FLORIDA 33618

____Document number:____ 1c. Date of filing/registration in Florida:____

2. The name and address of the current registered agent and office:

3/ The name and address of the new registered agent and office: (P.O. Box NOT ACCEPTABLE)

After the change or changes are made, the street address of the registered office and the business office of the registered agent will be identical.

Such change was authorized by affirmative vote of a majority of the members of the limited liability company or as provided in the articles of organization or the regulations of the limited liability company,

11 ove m (Signature of a member or authorized representative of a member) (Date) (Printed or typed name and title) Having been named as registered agent and to accept service of process for the above stated limited liability company, 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 duties, and I am familiar with and accept the obligations of my position as registered agent. 01 (Signature of Registered Agent) (Date)

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 **FILING FEE: \$25.00**

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