MHO 100000 6799	Ï
Requester's Name	
800 Superior Ave. E. S.E.	
Address	
Cleveland, OH 4414	
City/State/Zip Phone #	
	_

Office Use Only

Examiner's Initials

CORPORATION NAME(S)	& DOCUMENT NUMBER(S),	, (if known):
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1.	
(Corporation Name)	(Document #)
2	2000042721025
(Corporation Name)	(Document #)
3	
(Corporation Name)	(Document #)
<b>4.</b>	
(Corporation Name)	(Document #)
☐ Walk in ☐ Pick up time	Certified Copy
☐ Mail out ☐ Will wait	Photocopy
NEW FILINGS	AMENDMENTS
Profit	
Not for Profit	Resignation of R.A., Officer/Director
Limited Liability Domestication	Change of Registered Agent Dissolution/Withdrawal
Other	Merger
OTHER FILINGS	REGISTRATION/QUALIFICATION (6/2) - 6799
Annual Report	Foreign
Fictitious Name	Limited Partnership
	Reinstatement (
	Trademark
	☐ Other

CR2E031(7/97)

## 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.

•	•					
1. The name of the limite	d liability company is:	McBride Fam:	ily Propert:	ies LLC		4
2. The mailing address of	f the limited lightlity oor	nnany ia	•			
2. The maning address of	. the minicu hadinty cor	прапу із				<u></u> ·
2824 Palm Beach Bl	lvd., Fort Myers, FI	33916		*		·
May 1, 2001		L	11000006799			
3. Date of filing/registrati	on in Florida	· - <u> </u>	Document nu	mber	<u> </u>	<del></del> .
5. The name of the register Florida Department of	red agent and the registe State:				ords of the	
	Corporation	Service Com	pany			
		Name				
	1201 H	Hays Street		_	_	
	A	Address				
		ee, FL 3230	)1			
	City, S	State and Zip				
6. The name and address of	of the new registered age	ent and/or offic	e:			
	Gerald M	cBride, Esq.				
	N	ame		•		••
	2824 Palm	Beach Blvd.		-	•	
	Florida street address	(P.O. Box <b>NO</b> '	r acceptable)			
	Fort Myers	·····	33916	•		-
	City, Sta	ate and Zip				-
If the limited liability com confirmed that after the chand the business office of liability company, it is her the members of the limited the operating agreement of the limited that the control of the limited that t	nange or changes are made the registered agent will eby confirmed that the collished liability company or as fithe limited liability cor	de, the Florida be identical. (change(s) was/v s otherwise pro npany.	street address	of the regi	stered office	7.1
Signature of a member or authori	zed representative of a member)					
Gerald McBride, Esq.,	Member		-			
(Printed or typed name of signee)			· = - ·	•*	·	-
I hereby accept the appoint comply with the provisions and I am familiar with and Chapter 608, F.S. Or, if the address, I hereby confirm (Signature) of Registered Agent)	15_0		o act in this cond complete p as registered eflect a change een notified i	ipacity. I f erformanc agent as pr e in the reg n writing o	further agree e of my dutie rovided for it istered office f this change	to \$, 1 2
	- Gerara MCDITUE, ES	u.				

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

INHS18(10/99)