## 010000007178

ACCOUNT NO. : 072100000032

REFERENCE: 123997

COST LIMIT : \$ 25.00

ORDER DATE: April 22, 2001

ORDER TIME : 10:55 AM

ORDER NO. : 123997

CUSTOMER NO: 7269005

CUSTOMER: Mr. E. Morell

Mr. E. Morell Po Box 2635

Riverview, FL 33568-2635

600004455826--4

## CHANGE OF AGENT

NAME:

ALLIED INTERNATIONAL

DEVELOPERS LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY PLAIN STAMPED COPY

CONTACT PERSON: Susie Knight -- EXT#

EXT: 1156

EXAMINER:

## 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.	oria. AllTen	Tarriotata	TT 0 875 T 10 2007			-	
<ol> <li>The name of the limited liability compan</li> <li>The mailing address of the limited liability</li> </ol>					S FFC	<u>-</u>	
2. The making address of the minted habin	ty company is:		BUX Z RVIEW	_	 . 33	 1568	 -2635
5/7/2001			000007178	<del>.</del>			
3. Date of filing/registration in Florida		4. Do	cument num	ber		<u> </u>	3
5. The name of the registered agent and the Florida Department of State:	registered office	e address	as shown or	the rec	ords of	the	
	E. MORELL					••	
-	Name				-		
	10 ADAMO DRIV	VE					
	Address		· · · · · · · · · · · · · · · · · · ·	-			
T	AMPA, FL 333	60		·	<b>3</b> 00	$\Box$	
	City, State and 2	-				<u> </u>	•
6. The name and address of the new register	_	office:			AHA	<u></u>	<u>22</u>
E.M	ORELL				SS	2	
<del></del>	Name		· · · · · · · · · · · · · · · · · · ·		ECO.	PH	
<u> 10416 H</u>	ALLMARK	< BL	VD	_	200		,
Florida street add	iress (P.O. Box	NOT ac	ceptable)		ORID ORID	2: 05	,
RIVERVIEW	J FL.	3356	9		Þ		
Cit	ty, State and Zip	)				•	77 <b>.</b> • • <del>- 7</del> .
If the limited liability company is not organize confirmed that after the change or changes at and the business office of the registered agen liability company, it is hereby confirmed that the members of the limited liability company the operating agreement of the limited liability.	re made, the Flo	orida stre	et address of	the reg	istered	office	
(Signature of a member or authorized representative of a m	ambar)						e u Īw
E. MORELL	enioer)						
	<u> </u>				-	-	
(Printed or typed name of signee)							
I hereby accept the appointment as registere comply with the provisions of all statutes rela and I am familiar with and accept the obligate Chapter 608, F.S. Or, if this document is being address, I hereby confirm that the limited liais	d agent and age itive to the prop tions of my posi ng filed to mere bility company i	ree to act per and c tion as re ly reflect has been	in this capa omplete perf egistered ago t a change in notified in w	city. I jormand ent as po the reg eriting o	urther e of my rovided sistered of this c	agree dutie for in office hänge	
(Signature of Registered Agent)	<del></del>		- 1- 1-	<b>:</b>		-	v 25 1€ v

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

INHS18(10/99)

**FILING FEE: \$25.00**