## L01000011098

(Re	equestor's Name)	
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Special Instructions to	Filing Officer:	
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ALLAHASSEE, FLORIDA

## FLORIDA FILING & SEARCH SERVICES, INC. P.O. BOX 10662 TALLAHASSEE, FL 32302 1333 NORTH DUVAL STREET, TALLAHASSEE, FL 32303

PHONE: (800) 435-9371 FAX: (866) 860-8395

DATE: 12-27-04

NAME: ESSEX INVEST LLC

TYPE OF FILING: CHANGE OF RA

COST: \$25 +5 00

RETURN: Good Standing Certif.

ACCOUNT: FCA000000015

AUTHORIZATION: ABBIE/PAUL HOLD

## 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 limit	ed liability company is	ESSEX	INVEST LLC	
2. The mailing address of				et, Suite 401,
London W1B 3 HH, U				
07/10/2001			L01000011098	
3. Date of filing/registration in Florida			4. Document num	ber o
5. The name of the regist Florida Department of	ered agent and the regi State: Rick Fletcher	stered office	e address as shown o	影型
	360 South Shore I			PH 2: 39
	Sarasota, FL 3423	Address 4 , State and Z	in	TATE ORIDA
6. The name and address	r	,	•	,
	Florida Filing & Se	_		
	Name 1333 North Duval Street			
	Florida street address (P.O. Box NOT acceptable)			
	Tallahassee,	FL 3230	03	
	City, S	State and Zip	p	
If the limited liability conconfirmed that after the cand the business office of liability company, it is he the members of the limite the operating agreement (Signature of a member of authorization)	hange or changes are no the registered agent we reby confirmed that the diability company or	nade, the Florill be identice change(s) as otherwise company.	orida street address of cal. Or, in the case of was/were authorized	f the registered office f a Florida limited by an affirmative vote of
Sylvia Rayner				
(Printed or typed name of signee)				
I hereby accept the appo comply with the provision and I am familiar with an Chapter 608, F.S. Or, if address, I hereby confirm	intment as registered a is of all statules relatived d accept the obligation this document is being that the limited liabili	gent and ag e to the prop is of my post filed to mere ty company	ree to act in this cap per and complete per ition as registered as ely reflect a change i has been notified in	acity. I further agree to formance of my duties, gent as provided for in n the registered office writing of this change.
(Signature of Registered Agent)	- jevene-			

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

**FILING FEE: \$25.00** 

INH\$18(10/99)