LOI 0000 14578

(Re	equestor's Name)	
	Jim Fleeman 2825 Fleeman Ro Palm Harbor, FL	
(Ac	daressy	
(Ci	ty/State/Zip/Phone	#)
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(Bu	usiness Entity Nam	e)
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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 ooth, in the Sta	•			
1. The name of the limit	cd liability company is: _	Sinset	Engry	LLC
2. The mailing address of	of the limited liability com	рапу іs :		
909 Cajor	a Court, Law	ly Lake	FL 3	2159
<u>-</u>	2001 tion in Florida			
5. The name of the regist Florida Department of	tered agent and the register			he records of the
Lorida Deba micar of	Churles	R. C.	rr.	
	Charles 909 Ca	Name	<u>-</u>	TALL
	Lady Late City, St	tate and Zip	32129	
6. The name and address	of the new registered age	nt and/or office:		ASS
	Timmie	Flan	a 171	mar 😝
	Jimmie 2825 Fle Florida street address (etman P	accentable)	OL JAN 20 AM II: 12
				5 7.78
	Palm Harbor, City, Sta	FL 54	843	
and the business office of liability company, it is he the members of the limite the operating agreement	mpany is not organized un hange or changes are mad f the registered agent will are by confirmed that the cl ed liability company or as of the limited liability con-	der the laws of t le, the Florida st be identical. Or hange(s) was/we otherwise provi	he State of Flor rect address of t , in the case of a	he registered office a Florida limited y an affirmative yete of
-	rk Leek			
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 ages is of all statules relative to id accept the obligations of this document is being file what the limited liability of	nt and agree to o the proper and of my position as id to merely refl company has be	act in this capac l complete perfo registered agel ect a change in en notified in wi	ity. I further agree to rmance of my duties, nt as provided for in the registered office riting of this change.
(Signature of Registered Agent)	Lee	_		
Divisio	on of Corporations, P.O.	Box 6327, Tall	ahassee, FL 32	1314
INHS18(10/99)	FILING	FEE: \$25.00		