Ted Mack	-
Requester's Name 703 N. Calhorn	S-/-
Address 7 3230	23
City/State/Zip Phone #	752 NIII.AA
CORPORATION NAME(S) & DOCUM	1ENT NUMBER(S), (if known):
CORPORATION NAME(S) & DOCUM	LLC
(Corporation Name)	(Document #)
2. (Corporation Name)	(Document #)
3. (Corporation Name)	(Document #) (Document #) (Document #) (Document #) (Document #)
4. (Corporation Name)	(Document #)
Walk in Pick up time Mail out Will wait	Photocopy
NEW FILINGS	9000047394292 AMENDMENTS -12/26/0101007015 *****325.00 ******25.00
Profit Not for Profit Limited Liability Domestication Other	*****325.08 ******25.00 Amendment Resignation of R.A., Officer/Director Change of Registered Agent Dissolution/Withdrawal Merger APPL
OTHER FILINGS Annual Report Fictitious Name	REGISTRATION/QUALIFICATION Foreign Limited Partnership Reinstatement Trademark
CR2E031(7/97)	Other Examiner's Initials

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 limited liability con	npany is: Defuniak RE, L.L.C.
2. The mailing address of the limited	ability company is: 5922 Cattlemen Lane, Suite 203
	Sarasota, FL 34232
August 24, 2001	L01000014693
3. Date of filing/registration in Florida	4. Document number
5. The name of the registered agent and Florida Department of State:	the registered office address as shown on the records of the
Gerald A.	Dechow
	Name
_5922 Catt	lemen Lane, Suite 203
	Address
Sarasota,	FL 34232
	City, State and Zip
6. The name and address of the new regi	Name 1houn Street t address (P.O. Box NOT acceptable) Note that the street of the st
Ted E. Ma	ck EE C I
	Name SE O
803 N. Ca	1houn Street Re F
Florida stree	t address (P.O. Box NOT acceptable)
Tallahass	ee FL 32303 SET 25
	City, State and Zip
confirmed that after the change or chang and the business office of the registered liability company, it is hereby confirmed	ganized under the laws of the State of Florida, it is hereby es are made, the Florida street address of the registered office agent will be identical. Or, in the case of a Florida limited that the change(s) was/were authorized by an affirmative vote of pany or as otherwise provided in the articles of organization or ability company.
Signature of a member or authorized representative of	f a member)
Gerald A. Dechow (Printed or typed name of signee)	
· • • • • • • • • • • • • • • • • • • •	stared agent and agree to act in this canacity. I further agree to
ineredy accept the appointment as regis comply with the provisions of all statutes and I am familiar with and accept the ob-	stered agent and agree to act in this capacity. I further agree to relative to the proper and complete performance of my duties, ligations of my position as registered agent as provided for in sheing filed to merely reflect a change in the registered office

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

confirm that the limited liability company has been notified in writing of this change.

FILING FEE: \$25.00

INHS18(10/99)

Esignature of Registered Agent)