0001478 Mr. & Mrs. R.S. Richardson 4896 Higginbotham Road Fort Myers, Florida 33905 400007532164---03/05/02--01014--005 City/State/Zip Phone # Office Use Only CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known): (Corporation Name) (Document #) (Corporation Name) (Document #) (Corporation Name) (Document #) ☐ Walk in Certified Copy Pick up time Photocopy ☐ Mail out ☐ Will wait Certificate of Status **AMENDMENTS NEW FILINGS** Profit Amendment Resignation of R.A., Officer/Director ■ Not for Profit ☐ Change of Registered Agent Limited Liability Dissolution/Withdrawal Domestication Other Merger REGISTRATION/QUALIFICATION **OTHER FILINGS** ☐ Foreign Annual Report ☐ Fictitious Name Limited Partnership

Reinstatement Trademark Other

CR2E031(7/97)

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 liabili	ty company is: B.I.	N. VENTURES, LLC	
2. The mailing address of the lin	nited liability compa	ny is: 134 Baez Court, Fort Myers, F	L 33912
August 29, 2001	1.0	11000014786	
3. Date of filing/registration in FI		Document number	
The name of the registere Department of State:	ed agent and the	registered office address as show	n on the records of the Florida
	Joseph A. Troiano		
		Name	- ·
	4415 Metro Parkwa	ay, Suite 325	
		Address	· · ·
			ALI R
	Fort Myers, Florida		_ >\frac{1}{2} \qu
		City, State and Zip	## #
6. The name and address of the new registered agent and/or office:		ent and/or office:	AND FILET -5 AN SSEEJ
	Vikki A. Richardson	n	
•		Name	AM ID: 10 E. FLORID,
	4895 Higginbothan	n Road	_
	Florida street a	ddress (P.O. Box NOT acceptable)	
	Fort Myers, Florida	ı 33912	<u>_</u>
	City, S	tate and Zip	-
or changes are made, the Florida identical. Or, in the case of a Flor	a street address of the ida limited liability co rs of the limited liabil	he laws of the State of Florida, it is her ne registered office and the business of ompany, it is hereby confirmed that the lity company or as otherwise provided	office of the registered agent will be change(s) was/were authorized by
(Signature of a member or authorized re	diffusion of a member of a mem	er)	
Vikki A. Richardson, Managing I	•		
(Printed or typed name of signee)			
provisions, of all statutes relative obligations of my position as regireflect a change in the registered	to the proper and c stered agent as prov office	and agree to act in this is capacity omplete performance of my duties, an vided for in Chapter 608, F.S. Or, if thi	d I am familiar with and accept the
(Signature of Registered Agent)			
(000440C0 DTE)			

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

FILING FEE: \$25.00

INHS18(10/99)