## L'010000020857

Registered Agent Services A Subsidiary of Carlton Fields

ONE HARBOUR PLACE, 5<sup>TH</sup> FLOOR 777 S. HARBOUR ISLAND BOULEVARD TAMPA, FLORIDA 33602-5730

MAILING ADDRESS: P. O. BOX 3239 TAMPA, FLORIDA 33601-3239 TEL (813) 223-7000 FAX (813) 229-4133

October 16, 2002

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

700008473047--5 -10/21/02--01026--014 \*\*\*\*\*50.00 \*\*\*\*\*25.00

Re: Registered Agent Statements of Change

Gentlemen:

Please find enclosed statements of change for the registered agents of Total REF Services, LLC and Total I Management, LLC. Also enclosed is Carlton Fields' Check No. 303006 in the amount of \$50.00 for the filing fee.

Very truly yours,

Joyce F. Bentubo

Administrative Assistant

jfb

**Enclosures** 

## 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 company is: 2. The mailing address of the limited liability company is: 3. Date of filing/registration in Florida 5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State: 6. The name and address of the new registered agent and/or office: ,777 S. Harbour Isl Blud Florida street address (P.O. Box NOT acceptable) Ja FL 33607 City, State and Zip (Signature of a member or authorized representative of a member) Warren W. Wylie a (Printed or typed name of signee) I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my auties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change. (Signature of Registered Agent)

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

Peter J. Winders, Vice tresident 10-16-02