## L02000000464

(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
, , ,		
(Document Number)		
<u> </u>		
Certified Copies Certificates of Status		
Octobed Copies Calls Calls		
<del></del>		
Special Instructions to Filing Officer:		

Office Use Only



100038125821

06/28/04--01079--005 \*\*75.00

FILE U

2004 JUN 28 PM 4: 48

2004 JUN 28 PM 4: 48

## 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.

ugeni, or boin, in the blus	•		
1. The name of the limite	d liability company is	McDirmit Davis & Company, LLC	
2. The mailing address of the limited liability company is: 605 East Robinson Street, Suite 635			
Orlando, Florida 3280			
January 3, 2002		L02000000464	
3. Date of filing/registration in Florida		4. Document number	
5. The name of the registe Florida Department of	State:	stered office address as shown on the records of the	
	Charles W. Pucket		
	605 E. Robinson S	Name treet, Suite 635	
	Orlando, Florida 3		
	City	State and Zip	
6. The name and address of the new registered agent and/or office:			
Elden G. McDirmit			
	605 E. Robinson Street, Suite 635		
	Florida street addre:	s (P.O. Box NOT acceptable)	
	Orlando	FL 32801	
	City,	State and Zip	
If the limited liability con confirmed that after the cand the business office of liability company, it is he the members of the limite the operating agreement of the limite of a member of author (Signature of a member or author)	hange or changes are not the registered agent we reby confirmed that the definition of the limited liability of the l		
, -	•	u)	
Printed or typed name of signee)	cDiamit_	<del></del>	
		gent and agree to act in this capacity. I further agree to the to the proper and complete performance of my duties, is of my position as registered agent as provided for in filed to merely reflect a change in the registered office ty company has been notified in writing of this change.	

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

INHS18(10/99)