

L02060003507

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

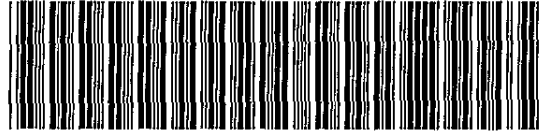
(Business Entity Name)

(Document Number)

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03 AUG 25 PM 3:40
STATE
CORPORATIONS
DIVISION
TALLAHASSEE, FLORIDA

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STATE
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BK

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

Roberts Ingrey Group LLC

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TALLAHASSEE, FLORIDA

- Art of Inc. File _____
- LTD Partnership File _____
- Foreign Corp. File _____
- L.C. File _____
- Fictitious Name File _____
- Trade/Service Mark _____
- Merger File _____
- Art. of Amend. File _____
- RA Resignation _____
- Dissolution / Withdrawal _____
- Annual Report / Reinstatement _____
- Cert. Copy _____
- Photo Copy _____
- Certificate of Good Standing _____
- Certificate of Status _____
- Certificate of Fictitious Name _____
- Corp Record Search _____
- Officer Search _____
- Fictitious Search _____
- Fictitious Owner Search _____
- Vehicle Search _____
- Driving Record _____
- UCC 1 or 3 File _____
- UCC 11 Search _____
- UCC 11 Retrieval _____
- Courier _____

Signature _____

Requested by: RW 8/25

Name _____

Date _____

Time _____

Walk-In _____

Will Pick Up _____

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS Limited Liability Company

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, the undersigned corporation organized under the laws of the State of Florida.

submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

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AUG 25 PM 5:27
TALLAHASSEE, FLORIDA

1. The name of the corporation: uc Roberts, Ingrey Group, LLC

2. The mailing address of the corporation: 2600 Douglas Road, Suite 905, Coral Gables, FL 33134

3. Date of incorporation/qualification: 2/13/02 Document number: LD200000 507

4. The name and address of the current registered agent and office:
Wanda Pistella, P.A.
3001 Ponce de Leon Blvd., Suite 262
Coral Gables, FL 33134

5. The name and address of the new registered agent (if changed) and/or registered office (if changed):
(P. O. Box Not Acceptable)
Wanda Pistella, P.A.
7385 SW 87 Avenue
Miami, FL 33173

The street address of its registered office and the street address of the business office of its registered agent, as changed, will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board.

[Signature] 08/03
(Signature of an officer, chairman or vice-chairman of the board) (Date)

Anthony Roberto A.F. Roberts
(Printed or typed name and title)

Having been named as registered agent and to accept service of process for the above stated corporation, 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 duties, and I am familiar with and accept the obligation of my position as registered agent.

[Signature] 8/5/03
(Signature of Registered Agent) (Date)

If signing on behalf of an entity:
Wanda Pistella, P.A. President
(Typed or Printed Name) (Capacity)

*** FILING FEE: \$35.00 ***