L02000004300

(Red	questor's Name)	
(Add	ress)	
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(City	//State/Zip/Phone	⇒ #)
PICK-UP	WAIT	MAIL
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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provision. liability company submits agent, or both, in the State	s of sections 608.416 or 608.508, Florida Statutes, the undersigned limited the following statement in order to change its registered office or registered of Florida.	
1. The name of the limited	liability company is: BMD Properties, LLC	
	the limited liability company is: 1400 Village SQ. Blvd. #3-234,	
Tallahassee, Florida, 32		
02/22/2002	L02000004300	
3. Date of filing/registration	on in Florida 4. Document number	
5. The name of the register Florida Department of S	ed agent and the registered office address as shown on the records of the tate:	
-	Auger, Barbara D.	
	Name 906 North Monroe Street	
Address		
	Tallahassee, Florida 32303 City, State and Zip	
6. The name and address o	f the new registered agent and/or office:	
Auger, Barbara D.		
-	Name 101 N. Monroe St., Suite 725	
_	Florida street address (P.O. Box NOT acceptable)	
_	Florida street address (P.O. Box NOT acceptable) Tallahassee, FL 32301	
	City, State and Zip	
If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization of the operating agreement of the limited liability company.		
(Signature of a member or authorize	ed representative of a member)	
(Printed or typed name of signee)	CHTEL	
	ntment as registered agent and agree to act in this capacity. I further agree to of all statutes relative to the proper and complete performance of my duties, accept the obligations of my position as registered agent as provided for in his document is being filed to merely reflect a change in the registered office 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	

FILING FEE: \$25.00

INHS18(10/99)