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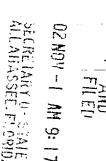
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L02-4729





TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations
SUBJECT: Patriot Bildings LLC (Name of corporation)
DOCUMENT NUMBER: LOZOOOO4729
The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Joshua M. Mittenthal, Egq. (Name of person)
Law Office of Joshua M. Mittenthal, P.A. (Name of firm/company)
5499 N. Federal Hwy., Ste. K
Boca Caton, Fc 33487 (City/state and zip code)
For further information concerning this matter, please call:
Teshwa M. Mitterthal, 2.4. at (50) 862-9955 (Area code & daytime telephone number)

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399

INH518(10/99)

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 St liability company submits the following statement in order to change it agent, or both, in the State of Florida.	atutes, the w s registered o	rdersigned li office or regi	mited stered
	1 1 -	LLC	
		/1 7	· · ·
2. The mailing address of the limited liability company is: 14545	NM	* Tary!	<u>cai</u> i
#357, Delray Beach, FL 334	84	<u> </u>	
2/27/02	2 0000	04720	<u>}</u>
3. Date of filing/registration in Florida 4. Document	nt number		
5. The name of the registered agent and the registered office address as sh	own on the re	cords of the	
Florida Department of State: Joshva M. M. Htenthal			
1200 N. Federal Hav. St	.30 l		
Address		14 14 15 16 17 17 17 17 17 17 17 17 17 17 17 17 17	•.
City, State and Zip	>_	02 NOV -	
6. The name and address of the new registered agent and/or office:			FA
Joshua M. Mittanthale	499.	3	
5499 N. Feleral Hury.	Stek.	55 9	
Florida street address (P.O. Box NOT accepta	ible)		
Boca Katory 33487			
City, State and Zip			
If the limited liability company is not organized under the laws of the Stat confirmed that after the change or changes are made, the Florida street add and the business office of the registered agent will be identical. Or, in the liability company, it is hereby confirmed that the change(s) was/were auth the members of the limited liability company or as otherwise provided in the operating agreement of the limited liability company.	dress of the re case of a Flor orized by an a	egistered offic rida limited affirmative vo	ote of
(Signature of a member or authorized representative of a member)	•		
William Marketsky			
(Printed or typed name of signet)	kie nananito	I firetkar nava	and the
I hereby accept the appointment as registered agent and agree to act in it comply with the provisions of all statutes relative to the proper and comply and I am familiar with and accept the obligations of my position as regist. Chapter 688, F.S. Or, if this document is being filed to merely reflect a claddress, I have by confirm that the limited liability company has been notif	ele performai tred agent as lange in the r led in writing	ice of my duti provided for egistered offi of this chang	ies, in ce re.
(Signature of Revinered Agent)			
Busion of Corporations, P.O. Box 6327, Tallahasses	e, FL 32314		

FILING FEE: \$25.00