## 102 00000 7114

From: Origin ID (314)989-9600 SHARON HUNTER GANNON INTL 11301 OLIVE BLVD ST. LOUIS, MO 63141	300037537503
(Cfty/State/Zip/Phone #)	
(Business Entity Name) (Document Number)	06/03/0 <b>4</b> 01030 <b>002 **25.30</b>
Certified CopiesCertificates of Status	
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## 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 l	liability company is:	Gannon Equities - Chatha	am Pines, LLC
		npany is: 11301 Olive Blv	
St. Louis, MO 63141	•		
3/21/2002		L0200000071	14
3. Date of filing/registration	in Florida	4. Document nu	mber
Florida Department of Sta	d agent and the registente: Sybil C. Field	ered office address as shown	on the records of the
		Name rrace, Suite CL-201	-
<u></u>	Miami, FL 33196	Address State and Zip	-
6. The name and address of	•	<u>-</u>	
5	Sybil C. Field		As o
6	N 3763 SW 88th Stree	ame t	TECH SU T
]	Florida street address	(P.O. Box NOT acceptable)	SS 3 #
<u> </u>	liami, FL 33156	FL	E 2 11
	City, Sta	ate and Zip	F-51 23
confirmed that after the char	nge or changes are materially agent will be confirmed that the confirmed that the confirmed that the confirmed liability liability confirmed liability liabi	nder the laws of the State of de, the Florida street address be identical. Or, in the case change(s) was/were authorized to the ampany.	of the registered office
(Signature of a member or authorized	representative of a member	)	
Robert P. Greene			
(Printed or typed name of signee)		<del></del>	
I hereby accept the appoints comply with the provisions of and I am familiar with and a Chapter 608, F.S. Or, if this address, I hereby confirm the	ment as registered ago of all statutes relative iccept the obligations of document is being fi at the limited liability	ent and agree to act in this co to the proper and complete p of my position as registered led to merely reflect a chang company has been notified i	spacity. I further agree to erformance of my duties, agent as provided for in e in the registered office in writing of this change.

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

INHS18(10/99)

**FILING FEE: \$25.00**