Florida Department of State

Division of Corporations Public Access System

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To:

Division of Corporations

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From:

: HARPER, KYNES, GELLER & BUFORD Account Name

Account Number : 070651000745 : {727}799-4840 Phone

Fax Number

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REGISTERED AGENT CHANGE

MOBIUS DEVELOPMENT, LLC

Certificate of Status	0
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NO.527

INHS18(10/99)

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisio liability company submit agent, or both, in the Stat	ns of sections 608.416 or 608.5 the following statement in orde e of Florida.	08, Florida Statutes, the er to change its register	e undersigned limited ed office or registered
1. The name of the limits		s Development, LLC	
	the limited liability company is	11109 Windpoint D	orive, Tampa; FL 33635
		r02000011150	·
May 8, 2002 3. Date of filing/registrate	in Ployida	4. Document number	
	•		2 8 <u> </u>
The name of the registrest Florida Department of	ered agent and the registered offic State:	æ address as shown on th	ne records of the
	Edward R. Ruland, II		or o
	Name		E E
	513 Cedar WoodsDrive		జైక్ ట
	Address Oldsmar, FL 34677		0 OS
	City, State and	Zip	30
6. The name and address	of the new registered agent and/o	r office:	
	Andreas Vavasis		
	Name 11109 Windpoint Drive		
	Florida street address (P.O. Bo	x NOT acceptable)	
	Tampa, FL 33635 _{FL}		
	City, State and 2	qi	
confirmed that after the c	npany is not organized under the hange or changes are made, the I the registered agent will be idented to confirmed that the change(sed liability company or as otherwoof the limited liability company.	lorida sireel address of u	ne registeren omice Blorida limitad
Andreas Vavasis	-		
(Printed or typed name of signes			
I hereby accept the appo comply with the provision and I am familiar with a Chapter 508, F.S. Or, if address, I hyreby confirm	intment as registered agent and instantial statistics of all statistics relative to the plant accept the obligations of my pathis document is being filed to me that the limited liability compar	ngree to act in this capac oper and complete perfo osition as registered age erely reflect a change in ny has been notified in w	ity. I further agree to rmance of my duties, of as provided for in the registered office riting of this change.
(Signature of Registered Agent)	/www.		
Divisi	on of Cornorations, P.O. Box 6	327. Tallahassee, FL 37	2314

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