L02000016598

| (Requestor's Name) | | | | | | |
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| (Address) | | | | | | |
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| (Address) | | | | | | |
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| (City/State/Zip/Phone #) | | | | | | |
| PICK-UP WAIT MAIL | | | | | | |
| | | | | | | |
| (Business Entity Name) | | | | | | |
| | | | | | | |
| (Document Number) | | | | | | |
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| Certified Copies Certificates of Status | | | | | | |
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| Special Instructions to Filing Officer: | | | | | | |
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Office Use Only



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04/01/03--01029--005 **25.00

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 limit | ed liability company is: | Finish Pro | perties, LLC | | |
|---|--|---|----------------------|------------------|--|
| 2. The mailing address of | f the limited liability co | mpany is : | | | |
| 127 W. Fairbanks Ave | • | | | | |
| | | | | | |
| 07/02/2002 | | | L02000016598 | | |
| 3. Date of filing/registrat | ion in Florida | • | 4. Document num | ber | |
| 5. The name of the regist Florida Department of | ered agent and the regist State: CORPORATION SI | | | n the records of | fthe |
| | 1201 HAYS STREE | Name ET . | | | |
| | TALLAHASSEE FL | Address . 32301-252 | 5 | | • |
| | City, | State and Zip | , | L. | - " |
| 6. The name and address | of the new registered ag | gent and/or of | fice: | 03 APR - [| ISIAIC Jac |
| | Dave Beamish | | | >ŏ | |
| | 127 W Fairbanks Av | Name ve, 507 | · • | -1 24 | FARY COR |
| | Florida street address | s (P.O. Box N | OT acceptable) | ∴ | ELU OF STAI ORPORAT |
| | Winter Park, | _{FL} 32789 | | . I.S | |
| | City, St | tate and Zip | | | SNS SNS |
| If the limited liability conconfirmed that after the cand the business office of liability company, it is he the members of the limite the operating agreement of | hange or changes are ma | ade, the Flori | da street address of | f the registered | office |
| (Signature of a member of author | ized representative of a member | er) | · | | |
| Dave Beamish | | | | | |
| (Printed or typed name of signee | | | • | · | |
| I hereby accept the appo comply with the provision and I am familiar with an Chapter 608/F.S. W. if address, I hereby confirm | intment as registered ag is of all statutes relative d accept the obligations this document is being f Mat the limited liability | gent and agre to the prope s of my positi iled to merely y company ho | | | · agree to y duties, d for in d office change. |
| (Signardire of Registered Agent) | | | | | |
| ' / Divicio | on of Cornorations D (| () Ray 6327 | Tallahaceaa FI | 37314 | |

FILING FEE: \$25.00