## L0200019636

(Requestor's Name)
DAMON COX
119 HARWOOD CIRCLE
KISSIMMEE, FL 34744
(Откулента
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(Business Entity Name)
(Document Number)
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SECRETARY OF STATE
NALLAHASSEE, FI OBIRA

## 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 liability company is:

Freeman Chase, LLC.

1. The name of the limited liab	ility company is:	laii Oliase, EEO.	
2. The mailing address of the l	mited liability company is:	259 Live Oak Blvd.	_
Casselbery, Florida 32707	miced nationally company is .	·	
Oassensery, Florida 02707	<u></u>		
08/02/02		L02000019636	
3. Date of filing/registration in	Florida	4. Document number	•
5. The name of the registered a Florida Department of State:	<del>-</del>	e address as shown on th	ne records of the
Dar	non R. Cox		
259	Name Live Oak Blvd.		~ <del>~</del>
Cas	Address selberry, Florida 32707		AFF 82
<del></del>	City, State and	Zip	<b>三</b> 8 元
6. The name and address of the	new registered agent and/or	r office:	T31 ASSE
Tob	y W. Unwin		
259	Live Oak Blvd. Name		9:5
Flo	rida street address (P.O. Bo	x NOT acceptable)	9 DA
Cas	selberry <sub>FL</sub> 327	'07	
	City, State and Z	ip	
If the limited liability company confirmed that after the change and the business office of the re liability company, it is hereby of the members of the limited liab the operating agreement of the	or changes are made, the Fi	lorida street address of the	ne registered office Florida limited
	,	and the second s	- · · · · · · · · · · · · · · · · · · ·
(Signature of a member or authorized rep	resentative of a member)		
Toby W. Unwin	,	y - version y	F
(Printed or typed name of signee)			
I hereby accept the appointment comply with the provisions of a and I am familiar with and acceptable of the confirm that a address, I hereby confirm that a	it as registered agent and a ll statutes relative to the pro ept the obligations of my po cument is being filed to me he limited liability compan	gree to act in this capac oper and complete perfor sition as registered agen rely reflect a change in t y has been notified in wr	ity. I further agree to rmance of my duties, it as provided for in the registered office iting of this change.
(Signature of Registered Agent)		principal territoria	· =

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

FILING FEE: \$25.00