L020000021780

2004 OCT 14 P 12: 21

SECRETARY OF STATE TALLAHASSEE. FLORIDA

(Requestor's Name)



--800040673538

MACFARLANE FERGUSON & McMullen

ATTORNEYS AND COUNSELORS AT LAW P.O. BOX 1531

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

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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 liability company is: Instep, LLC

2. The mailing address of	the limited liabilit	y company is : P.O.	Box 1531			
Tampa, FL 33601				77		
08/23/02		LO	L02000021780			
3. Date of filing/registration in Florida		4. D	4. Document number			
5. The name of the registe Florida Department of		_	ss as shown on t	he reco	rds of the	
	400 North Tam	Name pa Street, Suite 230	0			
	Tampa, FL 336	Address 502 City, State and Zip	TAS S	23		
6. The name and address	of the new register	ed agent and/or office:	ECRE	700N OCT 14	77	
	Carter B. McCa	in	7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	_		
	201 North Tamp	Name pa Street, Suite 200	o	E U	一	
	Florida street ad	dress (P.O. Box NOT	acceptable)	₩.	O	
	Tampa,	FL 33602	AD A	21		
	Ci	ty, State and Zip	·	. "		
If the limited liability conformed that after the cland the business office of liability company, it is he the members of the limite the operating agreement of the limite operating agreement of the limited liability of the liability of the limited liability of the	nange or changes a the registered ager reby confirmed that diability company of the limited liabil	re made, the Florida sont will be identical. On the change(s) was/way or as otherwise provity company.	treet address of t	the regis a Florid	stered office	
Carter B. McCain			_	=		
(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. Or, if address, I hereby confirm	intment as register is of all statutes rei id accept the obliga this document is be that the limited lic	ed agent and agree to lative to the proper an ations of my position a sing filed to merely ret ability company has be	act in this capa d complete perf is registered age lect a change in een notified in w	city. I fa ormance ont as pr the reg riting o	urther agree to e of my duties, ovided for in istered office f this change.	
(Signature of Registered Agent) Division	n of Cornoration	s, P.O. Box 6327, Tal	llahassee. FL 3	2314		
776141970	ve or corboration	29 x 100 x 20 x 20 22 19 X 41	Landerson Colores			