## L02000025566

(Requestor's Name)					
(Address)					
(Address)					
(Ci	ty/State/Zip/Phon	e #)			
PICK-UP	☐ WAIT	MAIL			
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(Document Number)					
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09/12/03--01049--020 \*\*35.00





## TRANSMITTAL LETTER

TO:	Amendment Section Division of Corporations	<del></del>		
SUBJE	CT: 2000, LLC, a F	orida limited liability con (Name of Corporation)	mpany	<del></del>
DOCL	MENT NUMBER: L02000	0025566		
The en	closed Statement of Change of R	egistered Office/Agent a	nd fee are submitted	for filing.
Please	return all correspondence conce	rning this matter to the fo	ollowing:	
	James N. Powell (Name of person)		<u> </u>	
	Powell, Carney, Gross, Maller (Name of firm/company)	& Ramsay, P.A.		03 S
	Post Office Box 1689		<del>-</del>	中一
	(Address)  St. Petersburg, FL 33731-1689 (City/state and zip code)	·		7 PR F
For fur	ther information concerning this	matter, please call:		* 23
	James N. Powell	at <u>(727)</u> 898-9011	<del> </del>	
	(Name of Person)	Area code & daytime telepho	one number)	
Enclose	ed is a \$35.00 check made payabl	le to the Department of S	tate.	

Street Address: Amendment Section Division of Corporations 409 E. Gaines Street

Tallahassee, FL 32399

Mailing Address:
Amendment Section

Tallahassee, FL 32314

P.O. Box 6327

Division of Corporations

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation:	2000, LLC, a Florida limited liability company		
2. The principal office address:	4790 First Street North, Suite 2, St. Petersburg, FL 33703		
3. The mailing address (if different):_	N/A =		
4. Date of incorporation/qualification	: <u>09/27/02                                  </u>		
5. The name and street address of the	current registered agent and registered office on file with		
the Florida Department of State:			
	Alfred Marcucci		
4790	First Street North, Suite 2		
•	St. Petersburg, FL 33703		
6. The name and street address of the	new registered agent (if changed) and/or registered office		
(if changed):	23 - 23 - 23 - 23 - 23 - 23 - 23 - 23 -		
	Kenneth J. Baxendell		
4790	First Street North, Suite 2		
T)	O. Box or personal mailbox NOT acceptable)		
	St. Petersburg, FL 33703		
The street address of its registered off agent, as changed will be identical.	ice and the street address of the business office of its registered		
	ation duly adopted by its board of directors or by an officer so ration has been notified in writing of the change.		
Dunetto Deglena	Kenneth J. Baxendell, Managing Member		
(Signature of an officer chairman or vice chairman of	the board) (Printed or typed name and title)		
I hereby accept the appointment as registe	red agent and agree to act in this capacity.		
duties, and I am familiar with and accept	ons of all statutes relative to the proper and complete performance of my the obligation of my position as registered agent. Or, if this document is registered office address, I hereby confirm that the corporation has been		
Qual Haperl	all = 9/19/03		
Signature of Registered Agen  If signing on behalf of an entity:	(Date)		
(Typed or Printed Name)	(Capacity)		