## L020000 97004

From: Origin ID: (314)989-9600 SHARON HUNTER GANNON INTL 11301 OLIVE BLVD ST. LOUIS, MO 63141		
(City/State/Zip/Phone #)		
PICK-UP WAIT	MAIL	
(Business Entity Name)		
(Dasinoss Eriney Harrie)		
(Document Number)		
Certified Copies Certificates of	Status	
Special Instructions to Filing Officer:		
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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:	Gannon Maitland, LLC
2. The mailing address of the limited liability con	mpany is: 11301 Olive Blvd.
St. Louis, MO 63141	
10/11/2002	L02000027004
3. Date of filing/registration in Florida	4. Document number
5. The name of the registered agent and the regist Florida Department of State:  Sybil C. Field	ered office address as shown on the records of the
15750 SW 105th Te	Name errace, Suite CL-201
Miami, FL 33196	Address State and Zip
6. The name and address of the new registered ag	ent and/or office:
Sybil C. Field	7
6763 SW 88th Stree	Name F A P
Florida street address	(P.O. Box NOT acceptable)
Miami, FL 33156 City, St	FL ST 3 TO THE PART OF THE PAR
and the business office of the registered agent wil	ade, the Florida street address of the registered office all be identical. Or, in the case of a Florida limited change(s) was/were authorized by an affirmative vote of a sotherwise provided in the articles of organization or impany.
Robert P. Greene	,
(Printed or typed name of signee)	
I hereby accept the appointment as registered ag comply with the provisions of all statutes relative and I am familiar with and accept the obligations Chapter 608, F.S. Or, if this document is being fa address, I hereby confirm that the limited liability	rent and agree to act in this capacity. I further agree to to the proper and complete performance of my duties, to the prosition as registered agent as provided for in led to merely reflect a change in the registered office y company has been notified in writing of this change.

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

INHS18(10/99)

(Signapure of Registered Agent)

**FILING FEE: \$25.00**