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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:EZFLA, LLC		
2. The mailing address of the limited liability company is: <u>clo Ezov</u>	, INC. 110	O FIFT.
AVE SOUTH STE 210 NAPLES, FL 34102		*
10-24-02 6000	0028309	
3. Date of filing/registration in Florida 4. Document nur	nber	
5. The name of the registered agent and the registered office address as shown of Florida Department of State:	on the records of t	the
TACK O. TACKETT Name	, u =	
1100 FIFTH AVE SOUTH STE 401 Address NAPCES, FC 34102 City, State and Zip	•	was seen as the
City, State and Zip		~ · · · · ·
6. The name and address of the new registered agent and/or office:	SECI)5 P
GARY E ITTNER		
GARY E ITTNEK Name 1100 FIFTH AVE SOUTH STE 210		
Florida street address (P.O. Box NOT acceptable)	JF ST/	FILED 05 APR -1 AM II: 08
NAPLES FL 34102 City, State and Zip	東部	80
City, State and Zip		
If the limited liability company is not organized under the laws of the State of I confirmed that after the change or changes are made, the Florida street address and the business office of the registered agent will be identical. Or, in the case liability company, it is hereby confirmed that the change(s) was/were authorize the members of the limited liability company or as otherwise provided in the arthe operating agreement of the limited liability company.	of the registered of	office
Jankit .		-
(Signature of a member or authorized representative of a member)		
TACK O. TACKETT, EXEC VICE PRESIDENT OF EZO, (Printed or typed name of signee)	N. INC., MAN	VAGER
I hereby accept the appointment as registered agent and agree to act in this comply with the provisions of all statutes relative to the proper and complete p and I am familiar with and accept the obligations of my position as registered. Chapter 608 F.S. Or, if this document is being filed to merely reflect a change address. Thereby confirm that the limited liability company has been notified in the company has been notified	pacity. I further erformance of my agent as provided in the registered n writing of this c	agree to duties, for in foffice hange.
(Signature of Registered Agent)	•	
Division of Corporations, P.O. Box 6327, Tallahassee, FI	32314	

FILING FEE: \$25.00

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