## 102000028973

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MIRAMAR, FL 33029
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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 limite	d liability company is:	APPROACH TECHNOLOG	BIES INT'L , LLC
		mpany is: 3100 SW 186 TEI	
FLORIDA 33029			
10/30/2002		L02000028973	
3. Date of filing/registration in Florida		4. Document number	
5. The name of the registe Florida Department of	State:	tered office address as shown of	n the records of the
	100 SOUTHEAST 2	Name 2ND STREET, STE 3500	
	MIAMI, FLORIDA 3	Address 3131 State and Zip	
6. The name and address	of the new registered ag	gent and/or office:	2003 (AL)
	JORGE AMAD		ES ES
	3100 SW 186 TER		-1 PH -1 PH JF CORP( JASSEE,
	Florida street address	s (P.O. Box NOT acceptable)	PH 2: RPORA E, FLO
	MIRAMAR,	FL 33029	SATIO ORID
	City, S	tate and Zip	NS .
confirmed that after the cand the business office of liability company, it is he the members of the limite the operating agreement.	hange or changes are me the registered agent with the registered agent with the fill liability company or of the limited liability company	under the laws of the State of Finade, the Florida street address of the identical. Or, in the case of change(s) was/were authorized as otherwise provided in the artompany.	of the registered office of a Florida limited
(Signature of a/member or author	ized representative of a member	er)	
JORGE AMAD			
(Printed or typed name of signee		and and appear to not in this on	nasity. I firstly a among to
Thereby accept the appo comply with the provision and I am familiar with ar Chapter 608, IJ.S. Or, If address, I hereby confirm (Signature of Registered Agent)	inment as registerea a is of all statutes relative id accept the obligation this document is being that the limited liability	gent and agree to act in this cape to the proper and complete person of my position as registered a filed to merely reflect a change ty company has been notified in	pucity. I juriner agree to erformance of my duties, igent as provided for in in the registered office writing of this change.

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00

INHS18(10/99)