W2000029146

Eugine G. Piek TI (Requestor's Name) Pelk, Cobb Edwards 4 Ashton (Address) 1301 Riverplace Blvd. Stellagg (Address) Jacksonville Fr. 32207 (City/State/Zjb/Phone #)	200044711972
PICK-UP WAIT MAIL (Business Entity Name)	U1/05/05D10338D2 **8D.8D
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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: HUMMER K-9, LC
	The mailing address of the limited liability company is : 367 West Blackjack Branch Way,
	acksonville, Florida 32259
С	ctober 31, 2002 L02000029146
3.	Date of filing/registration in Florida 4. Document number
5.	The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:
	Eugene G. Peek III
	Name 1301 Riverplace Boulevard, Suite 1609
	Address Jacksonville, FL 32207
	City, State and Zip
6.	The name and address of the new registered agent and/or office:
	Donald G. Mullenix Name 367 West Blackjack Branch Way
	Florida street address (P.O. Box NOT acceptable)
	Jacksonville, _{FL} 32259
	City, State and Zip
an lia	the limited liability company is not organized under the laws of the State of Florida, it is hereby infirmed that after the change or changes are made, the Florida street address of the registered office of the business office of the registered agent will be identical. Or, in the case of a Florida limited ability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or a operating agreement of the limited liability company.
(Si	gnature of a member or authorized representative of a member)
	onald G. Mullenix
	rinted or typed name of signee)
I co ar Ci a	hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to imply with the provisions of all statutes relative to the proper and complete performance of my auties, and I am familiar with and accept the obligations of my position as registered agent as provided for in hapter 508, F.S. Or, if this document is being filed to merely reflect a change in the registered office lates. I hereby confirm that the limited liability company has been notified in writing of this change.

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

FILING FEE: \$25.00

INHS18(10/99)

(Signature of Registered Agent)