## L020000009518

(Requestor's Name) (Address) (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certificates of Status Certified Copies \_\_\_ Special Instructions to Filing Officer:

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## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY FILED

Pursuant to the provisions of sections liability company submits the following agent, or both, in the State of Florida.	608.416 or 608.508,	Florida Statutes,	the sundersigned limited
liability company submits the following	z statement in order to	o change its regis:	tered office or registered
agent, or both, in the State of Florida.	•	_	

1. The name of the limited liability company is:	NEXUS DEISIGN GROUP, ALCHASSEE, FLORIDA
2. The mailing address of the limited liability con	npany is: /5/ WATERFORD DR.
	Jupiter, FC 33458-
11/05/2002	L020002951A
3. Date of filing/registration in Florida	4. Document number
5. The name of the registered agent and the register Florida Department of State:	·
Business Fr	Name
	Name  Name  Address  Active Fire Space
<i>M[AM]</i> City, S	BEAcH, FC 33139 State and Zip
6. The name and address of the new registered age	ent and/or office:
151 WATERFO	ame (P.O. Box NOT acceptable)
Tupiter, City, Sta	FL 33458— ate and Zip
and the business office of the registered agent will liability company, it is hereby confirmed that the c	de, the Florida street address of the registered office
(Signature of a member)	
(Printed or typed name of signee)	
I hereby accept the appointment as registered age	ent and agree to act in this capacity. I further agree to to the proper and complete performance of my duties, of my position as registered agent as provided for in led to merely reflect a change in the registered office company has been notified in writing of this change.
(Signature of Registers Security	<del>_</del>
Division of Corporations, P.O	D. Box 6327, Tallahassee, FL 32314

**FILING FEE: \$25.00**