"LOQ QQQ 30083

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12/27/04--01053--016 **250.00

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 liskility namens is.	TWENTY SEVEN, LLC	
		TWENTY SEVEN, LLC	
2. The mailing address of	the limited liability con	mpany is : 1100 Town Plaza	Court, Suite 2010
WINTER SPRINGS, F	L 32708		
11/08/02 L0200		L02000030083	
3. Date of filing/registration in Florida 4. Document i		4. Document num	iber
5. The name of the registe Florida Department of S	rred agent and the regist State: DEBORAH D. HAG	ered office address as shown o	n the records of the
	636 N. RIO GRAND	Name E AVE.	
	ORLANDO, FL 328	Address 05 State and Zip	الأنهاب الإنسان المعين أن السارة
6. The name and address of the new registered agent and/or office:			
	GREGORY D. LEE		
	1100 TOWN PLAZA	ame COURT, SUITE 2010	
•	Florida street address	(P.O. Box NOT acceptable)	
	WINTER SPRINGS	_{FL} 32708	لدا المنتق
	City, St	ate and Zip	
confirmed that after the ch	ange or changes are mathe registered agent will eby confirmed that the alliability company or a fithe limited liability co	nder the laws of the State of Fl de, the Florida street address of l be identical. Or, in the case of change(s) was/were authorized s otherwise provided in the artimpany.	of the registered office
LARRY W. WILLIAMS,	MANAGER		
(Printed or typed name of signee)			
I hereby accept the appoint comply with the provisions and I am familiar with and Chapter 188, F.S. Or, if the address, Thereby confirm	ntment as registered ag s of all statutes relative I accept the obligations his document is being fi that the limited liability	ent and agree to act in this cap to the proper and complete pet of my position as registered a led to merely reflect a change company has been notified in	pacity. I further agree to rformance of my duties, gent 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)