102000031272

LAWTON R. JACKSON ATTORNEY AT LAW P.O. BOX 330906	, _	
COCONUT GROVE, FLORIDA 33233-0906		
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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.

22.0

1. The name of the limited liability company is:	LCK, LLC
2. The mailing address of the limited liability company is: _	
	DRANGE CITY, FL 32763
2002/12/11	
3. Date of filing/registration in Florida	4. Document number
5. The name of the registered agent and the registered office a Florida Department of State:	
DIETRICH, D. PAUL	L II
37 NORTH ORANGE	5 AVE., Suite 200
DIETRICH, D. PAUL Name 37 North ORAGE Address ORLANDO FL 320 City, State and Zi	801 28 24
6. The name and address of the new registered agent and/or o	office:
LAWTON R. JACKSE 2311 S.W. 24TH	W EZON'NE TO TE
2311 S.W. 24TH	STREET SEE
Florida street address (P.O. Box I	NOT acceptable)
MIAMI, FL. City, State and Zip	33145
If the limited liability company is not organized under the law confirmed that after the change or changes are made, the Flor and the business office of the registered agent will be identicalliability company, it is hereby confirmed that the change(s) we the members of the limited liability company or as otherwise the operating agreement of the limited liability company.	uida akunak addusan afikka masiskawad affika
(Signature of a member or authorized representative of a member)	San Control of the Co
TOM Sm 1774	en e
(Printed or typed name of signee)	
I hereby accept the appointment as registered agent and agr comply with the provisions of all statutes relative to the prop and I am familiar with and accept the obligations of my position Chapter 608, 5,5. Or, if this document is being filed to mere address, I hereby confirm that the limited liability company has a company to the com	ree to act in this capacity. I further agrec to er and complete performance of my duties, tion as registered agent as provided for in ly reflect a change in the registered office has been notified in writing of this change.
(Signature of Registered Agent)	

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

INHS18(10/99)