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(Requestor's Name) (Address)	600024722356
SSIACCOUNTING TAX SERVIC	
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Office Use Only

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 liabil	ity company is:	FINANCE & E	STATE CON	SULTING GROUP, L
2. The mailing address of the lin				
1500 Colonial Blvd. Suite 235				
12.03.02		L (02000032421	
3. Date of filing/registration in F	Torida	4. E	Ocument numb	per
5. The name of the registered age Florida Department of State:	_		ess as shown on	the records of the
Corp	oration Service			
1201	Hays Street	Name		
Talla	Address Tallahassee Fl. 32301-2525			O3 NOV 20 SELLAHASS
City, State and Zip				# 2 !!
6. The name and address of the n	ew registered ag	ent and/or office	*	20 ASS
SSI	ACCOUNTING	AND TAX SEF	RVICE, INC	SE S
1500	1500 Colonial Blvd. Suite 235			2:19
Flori	da street address.	(P.O. Box NOT	acceptable)	
Fort f	vlyers,	FL 33907		
	City, St	ate and Zip		
If the limited liability company is confirmed that after the change of and the business office of the reg liability company, it is hereby co the members of the limited liabil the operating agreement of the limited liability agreement liability agreement of the liability agreement of the liability agreement liability	or changes are manistered agent will infirmed that the lity company or a	nde, the Florida s I be identical. O change(s) was/w s otherwise prov	treet address of r, in the case of ere authorized	f the registered office f a Florida limited by an affirmative vote o
(Signature of a member or authorized repre	sentative of a member)		* ***
Bodo Kleber				
(Printed or typed name of signee)				•
I hereby accept the appointment comply with the provisions of all and I fin familiar with and accept the factor of this doc address. I hereby donfirm that the control of t	as registered ag statutes relative of the obligations sument is being fi e limited liabilit	ent and agree to to the proper an of my position of led to merely rej company has be	act in this cape ad complete per is registered ag lect a change i een notified in v	acity. I further agree to formance of my duties, ent as provided for in the registered office writing of this change.
(Signature of Registered Agent)			•	<u> </u>
Division of Co	ornorations P) Roy 6227 Tol	llahaggaa FI	22214

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

INHS18(10/99)

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