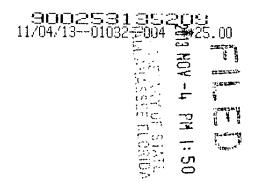
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(Re	questor's Name)				
(Ad	dress)				
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PICK-UP	WAIT	MAIL			
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900253135209



COVER LETTER

Divisio	on of Corporations	
SUBJECT: _	Inlet Plaza, LLC	ted Liability Company
Dear Sir or Ma	adam:	
The enclosed	Registered Agent/Registered Office	e Change and fee(s) are submitted for filing.
Please return a	all correspondence concerning this n	matter to the following:
A. Hopk	Kins Kennemer, Jr. Name of Person	
	Eirm/Company Atlantic Ave., Suite Address Beach, FL 33483 City/State and Zip Code	2013 NOV -4
E-mail addre	pro@aol.com ess: (to be used for future annual report notificate formation concerning this matter, ple	please call:
STREE	ins Kennemer, Jr. Name of Person ET/COURIER ADDRESS: ration Section	Area Code & Daytime Telephone Number MAILING ADDRESS: Registration Section

Enclosed is a check for the following amount:

\$25 Filing Fee

Division of Corporations

2661 Executive Center Circle

Tallahassee, Florida 32301

Clifton Building

Registration Section

□ \$55 Filing Fee & Certified Copy

Division of Corporations

Tallahassee, Florida 32314

P.O. Box 6327

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

Plirsuant 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.

agent, or both, in the state of Florida.			
1. Name of the limited liability company:			
2. (a) Principal office address of limited liability company	7* 1045 E. Atlantic Ave.		
(Note: MUST BE STREET ADDRESS)	Suite 311		
(IMC. WOST DE STREET (IDINESS)	Delray Beach, FL 33483		
(b) Mailing address of limited liability company:	1045 E. Atlantic Ave.		
(Note: MAY BE POST OFFICE BOX)	Suite 311		
	Delray Beach, FL 33483		
12/27/2002	L02000034939		
3. Date of filing/registration in Florida	4. Document number	, , , , , , , , , , , , , , , , , , , 	
5. (a) Registered Agent and Registered Office shown on		a Dept. of State:	
Registered Agent:	Craig D. Earnhart	5. 26	
Registered Office Address:	70 SE 4th Ave.	2.3	
registered office reduces.	Delray Beach, FL 33483	7 5	
		errany	
		# # #	
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEV</u>	W Registered Office ad		
NEW Registered Agent:	A. Hopkins Kennemer, Jr.	<u> </u>	
NEW/ Pagintared Office Address:	1045 E. Atlantic Ave.	S 0	
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	Suite 311		
MUST BE TEURIDA STREET ADDRESS	Delray Beach	FL 33483	
If the limited liability company is not organized under the legistered that after the change or changes are made, the F and the business office of the registered agent will be ident liability company, it is hereby confirmed that the change(s) the members of the limited liability company or as otherwithe operating agreement of the limited liability company. Signature of a member or athorized representative of a member	lorida street address of thical. Or, in the case of a	he registered office Florida limited	
Printed or typed name of signee I hereby accept the appointment as registered agent and a comply with the provisions of all statules relative to the property and I am familiar with and accept the obligations of my possible to the property of the provisions, I hereby confirm that the limited liability company	– gree to act in this capac oper and complete perfo sition as registered ager rely reflect a change in i	ity. I further agree to rmance of my duties, nt as provided for in the registered office	
address, I hereby confirm that the limited liability company	y has been notified in wr	iting of this chänge.	

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