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(Requestor's Name)	
(Address)	
(Address)	
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HOWARD A. CAPLAN	
ATTORNEY, P.A.	1E-
- osoo-c pubblit station Cont	
Jacksonville, Florida 32217	
(Business Entity Name)	
(Document Number)	· · · · · · · · · · · · · · · · · · ·
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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

1. The name of the limited	I liability company is:	Spore No More, LLC	
		mpany is: 475 West Tow	n Place, Suite 111
St. Augustine, FL 3209			
January 10, 2003		L030000012	61
3. Date of filing/registration			
5. The name of the register Florida Department of S	ed agent and the regist tate: Mark L'Hommedieu	ered office address as show	n on the records of the
	877 Cloudberry Bra	Name nch Way	- ALL.
	Jacksonville, FL 32	Address 259	D3 NOV 21
	City,	State and Zip	
6. The name and address o	f the new registered ag	ent and/or office:	
	Howard A. Caplan,	Attorney, P.A.	AM 8: 43
	6260 Dupont Station	Name 1 Court, Suite C	_ ω
	Florida street address	(P.O. Box NOT acceptable)
	Jacksonville,	FL 32207	
•	City, S	tate and Zip	_ ·
confirmed that after the chand the business office of the business office of the limited the members of the limited the operating agreement of	ange or changes are manded the registered agent will be confirmed that the liability company or a the limited liability or	ander the laws of the State of the Florida street address of the Florida street address of the identical. Or, in the case change(s) was/were authorizes otherwise provided in the ampany.	ss of the registered office see of a Florida limited
(Signature of a member or authorize	ed representative of a membe	7)	
Mark L'Hommedieu			
(Printed or typed name of signee)	ntmant on manistans J	rout and armon to not in this	agnacity. I finish an agus - 4-
i hereby accept the appoin comply with the provisions and I am familiar with and Chapter 608, F.S. Or, if the address, I hereby confirm	timent as registerea dig of all statutes relative accept the obligation is document is being f that the limited liabilit	tent and agree to act in this to the proper and complete to my position as registered led to merely reflect a chan y company has been notified	capacity. I further agree to performance of my duties, I agent as provided for in ge in the registered office in writing of this change.

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

INHS18(10/99)

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