JUN-06-2007 17:23

P.01



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H07000150926 3)))



H070001509283ABC

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)205-0380

From:

Account Name : BUSINESS FILINGS

Account Number : 105256001620 Phone : (608)827-5300

Fax Number : (608)827-5501

RECEIVED 07 JUN - 7 AH 8: 00 VISION OF CHREGATECH

## REGISTERED AGENT CHANGE

GORDON ORR & ASSOCIATES, L.L.C.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$35.00

Electronic Filing Menu

Corporate Filing Menu

Heip

JUN-06-2007 17:23

P.02

## 10700015**09**34 3 STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the prov. liability company sub agent, or both, in the .	isions of sections 608.410 mits the following statem State of Florida.	6 or 608.508, Florida Statut ent in order to change its reg	es, the undersigned limited gistered office or registered
1. The name of the lit	mited liability company is:	GORDON ORR & ASSOCIATES	LLC.
2. The mailing address	ss of the limited liability o	ompany is:	
P.O. Box 1485, Thomoto	58334, FL 33592		
1/22/2003	L03000002505		
3. Date of filing/regis	ation in Florida 4. Document number		
5. The name of the rep Florida Department		stered office address as shown	on the records of the
	James Sutton	·	
		Name	-
	17801 Saint Lucia Isle I		. 77 S. S. TAN
		Address	
	Tampa, Florida 33647	Necto and Zin	IUN -7
		State and Zip	JUN-7
6. The name and addr	ess of the new registered a	gent and/or office:	
	Business Filings Income		AM 8: E.FLO
			8: 54 STATE LORIDA
	Name 1203 Governors Square Blvd, Suite 101,		RES SL
	<del></del>	s (P.O. Box NOT acceptable)	) A
•			
•	Tatlahassee, Plorida, 3230		
	City, S	State and Zip	•
confirmed that after the and the business office liability company, it is the members of the lift the operating agreement.	te change or changes are me of the registered agent was hereby confirmed that the	under the laws of the State of nade, the Florida street address ill be identical. Or, in the case change(s) was/were authoriz as otherwise provided in the accompany.	s of the registered office e of a Florida limited red by an affirmative vote of
(-Annual Art a Manual Art an	anniana estamaticative es a swellin	~,	•
James Sutton, Member			
(Printed or typed name of sig			
I hereby accept the a comply with the provi and I am familiar with Chapter 608, F.S. Or address, I hereby conj	ppointment as registered a sions of all statutes relative and accept the obligation if this document is being arm that the limited liabili	ment and agree to act in this of the proper and complete is of my position as registered filed to merely reflect a chang ty company has been notified	apacity. I further agree to performance of my duties, l agent as provided for in is in the registered office in writing of this change.
(Signature of Registered Age	Terese Coulthard, Asst. Sec.	, Business Filings Incorporated.	

Division of Community to the coopy T. II to .....

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

104518(1099) H07000150926 3 FILING FEE: \$25.00