## 00011566

| (Requestor's Name)  (Address)  (Address)  Arrigo, Ceron + Archer Invantage Pol Box 1843 Pol Box 1843 Pol Metho, 71. 34220 | 500057946775<br>unts, LLC             |
|---|---------------------------------------|
| (Business Entity Name)  | 08/05/0501027011 **25.                |
| (Document Number)  Certified Copies Certificates of Status  | M. HODGES                             |
| Special Instructions to Filing Officer.  85  HA CM  | : : : : : : : : : : : : : : : : : : : |
| 8/5 P/A Ch<br>03-1/566<br>address Chances   | · · · · · · · · · · · · · · · · · · · |
| Phin, Toffice Use Only  |                                       |

\*\*25.00

## 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.

| A   |  |  |
|---|--|--|
| 1. The name of the limited liability company is: Arrigo   | Ceron + Hicher Investments, UC   |  |
| 2. The mailing address of the limited liability company is: Palmetto, 71.34220  | PO 130X1843  |  |
| 3/31/2003   | L0300011566  |  |
| 3. Date of filing/registration in Florida   | 4. Document number   |  |
| 5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:   |  |  |
| Vince Hrrigo  | (2)  |  |
| 1804 Riverside D  | : E.   |  |
| Bradenton, H  | 806H   |  |
| 6. The name and address of the new registered agent and/or  | office:  |  |
| Vince Arrige  | <b>ે</b>   |  |
| 3324 7th 5t. Name<br>Florida street address (P.O. Box   | e W. NOT accentable)   |  |
| Palmetto FL 34  | 1321   |  |
| City, State and Zip   |  |  |
| If the limited liability company is not organized under the laconfirmed that after the change or changes are made, the Flo and the business office of the registered agent will be identic liability company, it is hereby confirmed that the change(s) with members of the limited liability company or as otherwise the operating agreement of the limited liability company. | ws of the State of Florida, it is hereby rida street address of the registered office al. Or, in the case of a Florida limited was/were authorized by an affirmative vote of provided in the articles of organization or                     |  |
| (Signature of a member or authorized representative of a member)  |  |  |
| Heather M. Archer (Printed or typed name of signee)   |  |  |
| I hereby accept the appointment as registered agent and agreemently with the provisions of all statutes relative to the propand I am familiar with and accept the obligations of my posi Chapter 608, F.S. Or, if this document is being filed to mere address/I pereby confirm/that the limited liability company is   | ree to act in this capacity. I further agree to<br>ver and complete performance of my duties,<br>tion as registered agent as provided for in<br>ly reflect a change in the registered office<br>vas been notified in writing of this change. |  |

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

INHS18(10/99) FILING FEE: \$25.00