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(Requestor's Name)	
Cralg & Victoria Anderson 18457 SE Heritage Oaks Lane Tequesta, FL 33469	000024630160
(City/State/Zip/Phone #)	MJH
(Business Entity Name)	11/14/0301034008 **30.00
(Document Number)	
Special Instructions to Filing Officer: IN 5 RIA CLUMS	22 3
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Office Use Only	10: 20



FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

November 19, 2003

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CRAIG & VICTORIA ANDERSON 18457 SE HERIGAGE OAKS LANE TEQUESTA, FL 33469

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SUBJECT: MONTANA ROZE, LLC Ref. Number: L03000014660

We have received your document for MONTANA ROZE, LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must complete number 5 of the application, also, it must be signed by a member or authorized representative.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6967.

Michelle Hodges Document Specialist

Letter Number: 703A00062862

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR

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 liability company is: Montana Koze, LLC
- 2. The mailing address of the limited liability company is: this is a new address

Heritage oaks 3. Date of filing/registration in Florida -4/23/034. 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:



If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

UA LEEPA (Signature of a member of authorized representative of a member)

tori Л receer 10 (Printed or typed name of signee)

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my autics, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

ole. evel ison L.C. vel ghature of Registered Agent)

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

FILING FEE: \$25.00