L03000015240

Mid Fi. Fire Prof	ECTION 412 BRYAN O. Box 49	LLC 1 STREET	54			
(City/State/Zip/Phone #)						
PICK-UP	□ w	AIT	MAIL			
(Business Entity Name)						
(Doc	cument N	ımber)				
Certified Copies	_ Cert	ificates of S	Status			
Special Instructions to F	iling Offic	er:				
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03 JUL 11 AN 8-00
SECRETARY OF STATE
TALLAHASSEE FLORIDA

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.

The name of the limited liability company is: Mid Florida Fire Protection, LLC					
2. The mailing address of the limited liability company is:					
		Leesburg, Fl.	34749-015	4	
April 28, 2003	- 	L030000152	240		
3. Date of filing/registration in Florida		4. Document nu	mber		
5. The name of the registered agent and the register Florida Department of State:	ered offic	e address as shown	on the records	s of the	
Randy G. Hu	n <u>t</u>	<u>tek e .</u>	_ 		
	Name				
2653 Mercy Dr.		e .	-		
A	ddress				
Orlando, Fl. 3					
City, S	tate and	Zip	-	0	
6. The name and address of the new registered age	ent and/o	office:	SECR ALL/	03	
Theresa S.)	Hunt			\$ T	
N 1412 Bryant Str	ame eet		SHE SHE	= □	
Florida street address	P.O. Bo	NOT acceptable)	巴巴	主し	
Leesburg	`	4748	FLORIDA FLORIDA	ය. ණ	
	FL 3	\C\\/	. <u> </u>	00	
City, Sta	ue anu Zi	P .			
If the limited liability company is not organized ur confirmed that after the change or changes are may and the business office of the registered agent will liability company, it is hereby confirmed that the c the members of the limited liability company or as the operating agreement of the limited liability con	de, the Fl be identi	orida street address cal. Or, in the case	of the register	red office	
11013	•		27. 24.		
(Signature of a member or authorized representative of a member)		-			
Randy G. Hunt	_		· . 🌉 ,		
(Printed or typed name of signee)		<u>-</u> · · ·			
I hereby accept the appointment as registered age comply with the provisions of all statutes relative t and I am familiar with and accept the obligations Chapter 508, F.S. Of, if this document is being fill address, I hereby confirm that the limited liability	\equiv	ree to act in this ca per and complete p ition as registered ely reflect a change has been notified in	pacity. I furth erform ace of agent as provi e in the registe n writing of th	ter agree to my duties, ded for in red office is change.	
(Signature of Registered Agent)					

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

FILING FEE: \$25.00

INHS18(10/99)