03000019484

	ë M						
_	(Requestor's Name)	•					
_	(Address)	•					
_	(Address)	•					
_	(City/State/Zip/Phone #)						
	PICK-UP WAIT MAIL						
4	LEGACY						
•	INVESTMENT & INSURANCE SERVI	C E					
1 H	1928 TYLER STREET HOLLYWOOD, FLORIDA 33020						
С	Certified Copies Certificates of Status						
		,					
Special Instructions to Filing Officer:							
	Name Availabilit y						
	Document Examiner						
	Updater Office Use Only						
	Updater Verifyer DCC						
	Acknowledgement DCC						
	W. P. Verifyer DCC						



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11/26/03--01016--008 **25.00

03 NOV 26 PM 6: 10

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.

1. The name of the limit	ted liability company is:	Legacy Services of South	h Florida, LLO	<u> </u>
		empany is : 1928 Tyler Stre		
Hollywood, FL 3302	0			
5-30-2003		L0300001948	34	
3. Date of filing/registr	ation in Florida	4. Document nu	ımber	
5. The name of the regis Florida Department of	stered agent and the regis f State: Lawrence N. Legg,	tered office address as shown	on the records	s of the
	1928 Tyler Street	Name		
	Address Hollywood, FL 33020 City, State and Zip			
6. The name and addres	s of the new registered ag	gent and/or office:		03 NOV 26
Randy Fontenot				
	1928 Tyler Street	Name	<u> </u>	PH 6:
	Florida street address	s (P.O. Box NOT acceptable)		: 10
	Hollywood,	_{FL} 33020		7
·	City, S	tate and Zip	_	
confirmed that after the and the business office cliability company, it is the members of the limit the operating agreement.	change or changes are m of the registered agent wi ereby confirmed that the		s of the registe e of a Florida l ed by an affirn	red office imited native vote
D -			A 0 = 0	
(Printed or typed hame of signs		ANAGING MEN	1DEK	
I hereby accept the app comply with the provision and I am familiar with a Chapter 608, F.S. Or, i address, I hereby confir Signature of Registered Agent	itens	gent and agree to act in this ce to the proper and complete is s of my position as registered filed to merely reflect a chang y company has been notified	apacity. I furt performance of agent as prov ee in the regist in writing of th	her agree to f my duties, inged for in, ered office his change.

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

INHS18(10/99)

FILING FEE: \$25.00

RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER

I, Lawrence N. Legg	, hereby resign as Managing Member							
	(Title)							
of Legacy Services of South Florida, LLC (FLA	DOC. # L03000019484)							
(Limited Liability Company)								
a limited liability company organized under the laws of the State of Florida								
and affirm that the limited liability company has been notified in writing of the resignation. MANAGING MEMBER (Signature of resigning manager, managing member or member)								

FILING FEE IS \$25.00

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314