L030000 19845

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
Certified 17140 Gasson Rosson Specia Guano, 37833
Office Hea Only



500025376575

12/15/03--01020--009 **25.00

O3 DEC 15 AM II: 05

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 limited liability compar	ny is: Gator Marketing of Florida	LLC
2. The mailing address of the limited liabil	ity company is: 17144 Grisson R	oad
Orlando, FI 32833		
June 3rd, 2003	L03000019845	5
3. Date of filing/registration in Florida	4. Document nun	aber
5. The name of the registered agent and the Florida Department of State: (None) John	registered office address as shown of athan Woods -resigned Name	on the records of the
	Address	Statement of the statem
	City, State and Zip	,
6. The name and address of the new registe	red agent and/or office:	03 ALL:
Christopher Pa	age	AH BE
17140 Grisson	Name Road	55
Florida street ac	idress (P.O. Box NOT acceptable)	
Orlando, FI 328	833 _{FL}	
C	City, State and Zip	O _A
If the limited liability company is not organ confirmed that after the change or changes and the business office of the registered age liability company, it is hereby confirmed the members of the limited liability comparthe operating agreement of the limited liability comparts.	are made, the Florida street address ent will be identical. Or, in the case at the change(s) was/were authorized by or as otherwise provided in the ar lity company.	of the registered office of a Florida limited
(Signature of a member or authorized representative of a	member)	
Christopher C. Page (Printed or typed name of signee)		<u>-</u>
I hereby accept the appointment as registe comply with the provisions of all statutes re and I am familiar with and accept the oblig Chapter 608, F.S. Or, if this document is be address, I hereby confirm that the limited l	red agent and agree to act in this ca elative to the proper and complete p gations of my position as registered being filed to merely reflect a change iability company has been notified in	•
(Signature of Registered Agent)		

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

FILING FEE: \$25.00

NHS18(10/99)