103000024214

(Re	questor's Name)			
DYNA BRITE, LLC 2205 23rd Avenue West Bradenton, Florida 34205				
(City/State/Zip/Phone #)				
PICK-UP	MAIT	MAIL		
(Business Entity Name)				
(Document Number)				
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SECTIONARY OF STATE ALLAHASSEE, PLONIDA

1 SEP 22 MII: 21

W3-24214

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	l liability company is:	IA BRITE, LLC	· · · · · · · · · · · · · · · · · · ·
2. The mailing address of	the limited liability company	is: 4550 47th Street W	Vest #1414
Bradenton, Florida 342	-	·	
	· · · · · · · · · · · · · · · · · · ·	1.02000024244	
July 02, 2003		L03000024214	<u> </u>
3. Date of filing/registration	on in Florida	4. Document numb	er
5. The name of the register Florida Department of S	red agent and the registered o state: Betsy T. Dahlquist	office address as shown on	the records of the
	Name Name	<u> </u>	*
	4550 47th Street West #1414		
•	Addre		·
	Bradenton, Florida 3421 City, State a		
	• •	-	
6. The name and address of	of the new registered agent ar	id/or office:	
	Betsy T. Dahlquist	<u> </u>	
	2205 23rd Avenue West		
· .	Florida street address (P.O.	Box NOT acceptable)	Ze o
	Bradenton, FL	34205	EXP. 4 SE
	City, State ar	ıd Zip	\$ 2 -
confirmed that after the ch and the business office of liability company, it is her the members of the limited	pany is not organized under tange or changes are made, the heregistered agent will be idealy confirmed that the change I liability company or as other the limited liability company	ne Florida street address of dentical. Or, in the case of se(s) was/were authorized berwise provided in the artic	the registered office.
-	zecerepresentative of a member,		
Sean R. Mayo (Printed or typed name of signee)		<u></u>	
I hereby accept the appoint comply with the provisions and I am familiar with and Chapter 608, F.S. Or, if the address, I hereby confirms	ntment as registered agent as of all statutes relative to the accept the obligations of miss document is being filed to that the limited liability com	nd agree to act in this capa e proper and complete pery y position as registered ag o merely reflect a change in pany has been notified in v	ncity. I further agree to formance of my duties, ent as provided for in a the registered office writing of this change.

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

INHS18(10/99)

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FILING FEE: \$25.00