L03000025157

(Requestor's Name)		
- BKT Investments - 541 Peck Auc. - For mysis FZ 33919 -		
(City/State/Zip/Phone #)		
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163-2515M

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 company is:	THUESTMENTS, LC
2. The mailing address of the limited liability company is:	
· · · · · · · · · · · · · · · · · · ·	MYWES, FL 33919
July 3, 2003	L03000025157
3. Date of filing/registration in Florida 4.	Document number
5. The name of the registered agent and the registered office add Florida Department of State:	ress as shown on the records of the
BRADIEY J. TROYER	
541 Pers Address	
FT MYNES FL 33919 City, State and Zip	7
6. The name and address of the new registered agent and/or office	ee:
Rodney J. Trayer Name 1227 Se 9 to Trace	<u> </u>
Florida street address (P.O. Box NO Cape Coal FL 339 City, State and Zip	T acceptable)
If the limited liability company is not organized under the laws of confirmed that after the change or changes are made, the Florida and the business office of the registered agent will be identical. liability company, it is hereby confirmed that the change(s) was/ the members of the limited liability company or as otherwise prothe operating agreement of the limited liability company. (Signature of a member or authorized representative of a member)	of the State of Florida, it is hereby street address of the registered office Or, in the case of a Florida limited
(Printed or typed/name of signee)	and the second s
I hereby accept the appointment as registered agent and agree a comply with the provisions of all statutes relative to the proper and I am familiar with and accept the obligations of my position Chapter 608, F.S. Or of this document is being filed to merely raddress, I hereby confirm that the limited liability company has	to act in this capacity. I further agree to and complete performance of my duties, as registered agent as provided for in reflect a change in the registered office been notified in writing of this change.
(Signature of Registered Agent)	y galactic de la companya de la comp
Division of Corporations, P.O. Box 6327, T	allahassee, FL 32314

FILING FEE: \$25.00

INHS18(10/99)