## FILED Jan 13, 2004 8:00 am Secretary of State

2004						COMP	ANY
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1. Entity Nam	MENT # L03000027 on consulting & inves					4 90040 013				
Principal Plac	e of Business	Mailing Address	•		]					
3553 DON JA PENSACOLA,	ANEAL RD.	3553 DON JANEAL RD. PENSACOLA, FL. 32526								
					I IEEMEN EN	88183 IIII) 68111 68111 61	116	B11 87819 1191	POT III EWWI	
2. Principal P	Place of Business	3. Mailing Address								
Suite, Apt.		Suite, Apt. #, etc.			01082004	Chg-LLC	CR2E083	(10/03)		
City & Stat		City & State			4. FEI Number			Not	plied For t Applicable	
Zip	Country	Zip	Country	ntry5. Certi		of Status Desired	<u> </u>	.00 Addi	itional	
	6. Name and Address of Current	Registered Agent			7 Name and	Address of New			1 -	
	v. Halle and Addices of Garrent	Hogistered Agent	Nam	e	7. Hame and	Accircas of New	riegistered Age		-	
	N, TRACY I JANEAL RD. DLA, FL 32526			et Address (	ess (P.O. Box Number is Not Acceptable)					
		•								
	e de la companya de l		City	À		,	··□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□	Zip Code		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.										
SIGNATURE .	Signature, typed or printed name of registered agent :	and title if applicable. (NOTE	: Registered Agent si	gnature required	when reinstating)		DATE . ,			
	iling Fee is \$50.00 ue by May 1, 2004						ke check paya la Department			
	MANAGONIO MEMBE	DD (144114 DEDC	T 40			4000000				
9.	MANAGING MEMBE		10.	$\overline{}$		ADDITIONS	CHANGES	0	ET A A ANY	
TITLE NAME	GOODSON, TRACY	☐ Delete	TITLE NAME					Change	Addition	
STREET ADDRESS	3553 DON JANEAL RD.		STREET ADDRE	ss						
CITY-ST-ZIP	PENSACOLA, FL 32526		CITY-ST-ZIP							
TITLE	MGR	☐ Delete	TITLE					Change	Addition	
NAME	GOODSON, TAMRON		NAME							
STREET ADDRESS	3553 DON JANEAL RD.		STREET ADDRE	ss					ļ	
CITY-ST-ZIP	PENSACOLA, FL 32526		CITY-ST-ZIP	-	<u></u>	·•	<del></del>			
TITLE NAME		☐ Delete	TITLE NAME					Change	☐ Addition	
STREET ADDRESS CITY-ST-ZIP			STREET ADDRE	ss			-			
TITLE		☐ Delete	TITLE		•			Change	Addition	
NAME			NAME						_	
STREET ADDRESS CITY-ST-ZIP			STREET ADDRE	SS				,	ļ	
TITLE		☐ Delete	TITLE					Change	☐ Addition	
NAME			NAME CYDEET ADDOC	.						
STREET ADDRESS CITY-ST-ZIP		•	STREET ADDRE	55		•				
TITLE .	المواد الله الموازع ال	☐ Delete	TITLE			T-1-		Change	Addition	
NAME .		69	NAME			٠	± .		·	
STREET ADDRESS CITY-ST-ZIP	**: 6 ***. *	* <u>in</u>	STREET ADDRE		erer e					
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.										
limited lia	on this report is true and accurate and billity company or the receiver or trustee	that my signature shall have t	he same legal (	effect as if m	nade under oath	that I am a mana statutes.	iging member or	manager	of the	