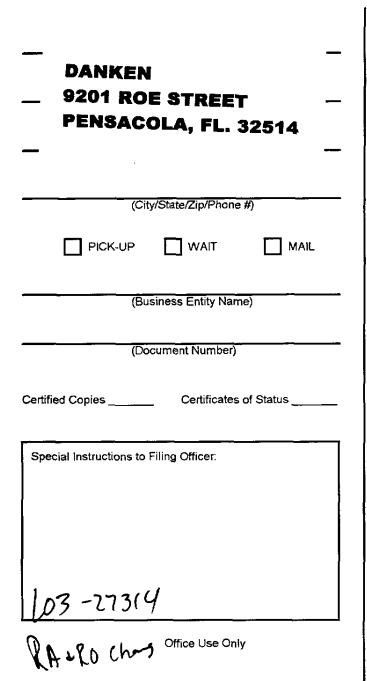
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SELVINASSEZ FLORIDA

## 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 agent, or both, in the State of	i following statement in ord Florida.	er to change its regi	stered office	: or register	ea
1. The name of the limited lia	•	+ K Desig	3 .	LC_	<u>.</u> .
2. The mailing address of the	limited liability company is ola, Florid	= 9201 a 32514	Roc	Stree	士; 一·
3-18-200	5	L03	0000	2731	4
3. Date of filing/registration i	n Florida	4. Document nur	nber		_
6. The name and address of the	Corporation Name 1201 Hays Address Tullahasser City, State and/o Renneth Var	Street  FL. 323  Zip  or office:  1 Generden  L Drive  X NOT acceptable)	Compa 01-252	ny	
	City, State and 2				
If the limited liability company confirmed that after the change and the business office of the liability company, it is hereby the members of the limited liab the operating agreement of the	= ar abenzas as= made tha E	lomide atvoct editrece	at the remete	aniffn hore	<b>ល</b> ្ហែ រ៉ូរ៉ូរួ
(Signature of a member or authorized re	-	_	ii.	<del></del>	- ,
(Printed or typed name of signos)			FLORID	မ	- û
I hereby accept the appointme comply with the provisions of and I am familiar with and acc Chapter 608, F.S. Or Fihis a address, I hereby confirm that	ing us registered agent and a sall statutes relative to the prize to the obligations of my polycument is being filed to me the limited liability compan	gree wat in inis ca oper and complete po sition as registered a crely reflect a change y has been notified in	rformance of agent as pro- in the regist a writing of the	iner ugree to if my duties, inded for in lered office his change.	
(Signature of Registered Agent)					
Division of	Comparations D O Box 62	27 Tallahasses El	22214		

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

INHS19(10/99)

FILING FEE: \$25.00