## L03000028406

(Re	questor's Name)					
		,				
Gerald S. Bawmann						
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## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the plaintific to	rovisions of sections 608.416 or submits the following statement t he State of Florida.	608.508, Florida Sta in order to change its	tutes, the undersi registered office o	gned or reg	limited sistered
	e limited liability company is:	DEDINARY	LANGUA	IGE	<u>.</u>
2. The mailing add	dress of the limited liability comp	any is: 1800 N. (	ANDREWS	AV	E,
	PHONELS IN	22711			<del></del>
<u> </u>	3	<del> </del>	<u> </u>	<u> </u>	
3. Date of filing/re	gistration in Florida	4. Document	number		
5. The name of the Florida Departm	RODIS, RIC 3283 CORAL CORAL SPRIN	d office address as sho HARD S ame. HILLS DR. dress SFL 33065 te and Zip	wn on the records	of the 04 MAY 27	FIL DIVISION OF C
6. The name and ac	Idress of the new registered agent  GERAND S.  1800 N. ANDRY  Florida street address (P.  FT. WDELMEF  City, State	BAJMANN  BUS AUE. 9.  O. BOX NOT acceptab  23311	E le)	PH 1: 39	ORPONATIONS
confirmed that after and the pusiness of liability company, in the mentbers of the the orienating agrees	ty company is not organized under the change or changes are made, fice of the registered agent will be tis hereby confirmed that the chall mited liability company or as owners of the limited liability company or at the limited liability company.	the Florida street addreidentical. Or, in the conge(s) was/were author therwise provided in the	ess of the registere ase of a Florida lir rized by an affirma	ed offi nited ative v	ote of
GERALD	S. RAJMANN				
(Printed or typed name or	• ,	<del></del>			
I hereby accept the comply with the program of I am fashiliar we have the complex for the comp	appointment as registered agent wistons of all statutes relative to with and accept the obligations of Or, if his document is being filed on firm that the limited liability co	and agree to act in thi the proper and complet my position as register to merely reflect a cha mpany has been notifie	s capacity. I furthe te performance of ed agent as providing of the register and in writing of thi	er agn my du led fo red off s chai	ee to ities, r in fice ige.
- 1	Division of Corporations, P.O. B		FL 32314		
NHS18(10/99)	FILING F	EE: \$25.00			

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