**25.00

	2005 MAY 23	P 2: 33		
(Requestor's Name)	SECRETARY TALLAHASSI	OF STATE E. LORIDA		
Questor Consulting 1759 Avenida del Sol Boca Raton, FL 33432			90005472379	9
(City/State/Zip/Phone #)				
PICK-UP WAIT	MAIL			
(Business Entity Name)		•	05/23/050105 0 010 **2	25.
(Document Number)		I		
Certified Copies Certificates of	Status			
Special Instructions to Filing Officer:				
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Office Use Only

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.

agent, or both, in the State of Florida.	
 The name of the limited liability company is:	Ruestor Coasulting LLC
2. The mailing address of the limited liability compan	yis: 1759 Avenida del Sol.
Borg Raken, FL 334	32
8/13/2003	103000030075 4. Document number
3. Date of filing/registration in Florida	4. Document number
5. The name of the registered agent and the registered	
Florida Department of State:	Service Company Street SS FL 32301 SS FL 32301 SS FL 32301 SS FL 32301
Nam	le .
- Addre	> 77W7
Tallaha Ssee	and Zip and/or office:
	and Zip nd/or office:
6. The name and address of the new registered agent a	ad/or office:
Questar logsu	Iting To
Questar Consu Name 1758 Avenida	de 1 Sol 55 w.
Florida street address (P.O	Box NOT acceptable)
Boca Ratio. FL	33432
Boca Rako, FL City, State at	nd Zip
If the limited liability company is not organized under confirmed that after the change or changes are made, the distribution of the registered agent will be in liability company, it is hereby confirmed that the change the members of the limited liability company or as other operating agreement of the limited liability company.	the Florida street address of the registered office dentical. Or, in the case of a Florida limited ge(s) was/were authorized by an affirmative vote of erwise provided in the articles of organization or
Signature of a member or authorized representative of a member)	
William A. Ferrigas Tr (Printed or typed name of signee)	·
I hereby accept the appointment as registered agent a comply with the provisions of all statutes relative to the and I am familiar with and accept the obligations of m Chapter 608, F.S. Or, if this document is being filed to address, I hereby continu that the limited liability com	nd agree to act in this capacity. I further agree to e proper and complete performance of my duties, y position as registered agent as provided for in o merely reflect a change in the registered office pany has been notified in writing of this change.

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

FILING FEE: \$25.00

INHS18(10/99)

(Signature of Registered Agent)