L03000030573

THE HILDERBRAND'S 5226 NW 119th ST. GAINESVILLE FL 32653 (Address)					
V	,				
(City/State/Zip/Phone #)					
PICK-UP	WAIT	MAIL			
(Bu	siness Entity Nam	ne)			
(Document Number)					
·	ŕ				
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					

Office Use Only



400023194614

10/01/03--01025--010 **25.00

2003 DCT - 1 AM 8: 57

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:	JANUS E	BUSINESS SOLUT	rions, LLC
2. The mailing address of				
GAINESVILLE, FLORIE				·
AUGUST 14, 2003		103000030573		
3. Date of filing/registration in Florida		4. Document number		
5. The name of the register Florida Department of S			address as shown or	n the records of the
· - · - ·	5226 NW 19TH STF	Name REET		28
-	GAINESVILLE, FL	Address 32653 State and Z	in	B OCT
6. The name and address of	•••		•	ASSEE TO THE TO
LINDA P. HILDERBRAND アラ 東 の				REFERENCE
	5226 NW 119TH ST	lame REET		57 ORIDA
_	Florida street address	(P.O. Box	NOT acceptable)	· · · · · · · · · · · · · · · · · · ·
_	GAINESVILLE	FL 3265	i3	e.
	City, St	ate and Zip)	
If the limited liability comp confirmed that after the cha and the business office of t liability company, it is here the members of the limited the operating agreement of (Signature of a member or authoriz	ange or changes are make registered agent will by confirmed that the liability company or a the limited liability co	ade, the Flo I be identic change(s) v s otherwise impany.	rida street address o	f the registered office
- 4		,		
(Printed or typed name of signee)	Iderbrand			
I hereby accept the appoint comply with the provisions and I am familiar with and Chapter 608, F.S. Or, if the address, I hereby confirm to (Signature of Registered Agent)		ent and ag to the prop of my posi lied to mere company	ree to act in this cap per and complete per ition as registered a ely reflect a change i has been notified in	acity. I further agree to formance of my duties, gent as provided for in the registered office writing of this change.

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

INHS18(10/99)

FILING FEE: \$25.00