## 03000043639

(Requestor's Name) (Address) 400037516474 (Address) (City/State/Zip/Phone #) MJH. 1 PICK-UP WAIT MAIL (Business Entity Name) 96/03/04--01027--003 \*\*25.00 (Document Number) Certified Copies \_\_\_\_ Certificates of Status Special Instructions to Filing Officer: 118 F/A change | + Maic+Poine add Change,

Office Use Only

May 25, 2004

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

Re:

SSGP of Florida, LLC

Document Number: L03000043639

Dear Sir or Madam:

Enclosed for filing is a Statement of Change of Registered Office or Registered Agent to change the registered address for the above-referenced limited liability company, together with a check for \$25.00 payable to the Florida Department of State for the filing fee.

In addition, please <u>change the principal address and the mailing address</u> of the company on your records as follows:

Current Principal Address and

Street Address:

639 E. Ocean Avenue

Boynton Beach, FL 33435

New Principal Address and

Street Address

841 Prudential Drive, Suite 150

Jacksonville, FL 32207

 $\mathbf{R}_{\mathbf{V}}$ 

Harolf Dodt, as its Member



Secretary of State

June 7, 2004

HAROLD DODT 841 PRUDENTIAL DRIVE, SUITE 150 JACKSONVILLE, FL 32207

SUBJECT: SSGP OF FLORIDA, LLC Ref. Number: L03000043639

We have received your document for SSGP OF FLORIDA, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6967.

Letter Number: 004A00038664

Michelle Hodges Document Specialist

## 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 oom, in the sid	•					
1. The name of the limit	ted liability company is:	SSGP OF FL	ORIDA, LLC	<del></del>		<u></u> .
2. The mailing address of	of the limited liability co	ompany is : 639	E. OCEAN AVENU	JE		
BOYNTON BEACH F	L 33435					
11/10/2003		L	L03000043639			
3. Date of filing/registration in Florida		4.	4. Document number			
5. The name of the regist Florida Department of	tered agent and the regist State: JEFFREY R. DOU		ress as shown on the r	ecords (	of the	
	639 E. OCEAN AV	Name ENUE		िस		•
	BOYNTON BEACH			7t.	0	
City, State and Zip				-	<u>-</u> -	
6. The name and address of the new registered agent and/or office:			e:	ŧ.	<del>;</del>	E #
	JEFFREY R. DOU	GLAS			ည်	
	841 PRUDENTIAL DRIVE, SUITE 150				P 19	
	Florida street address (P.O. Box NOT acceptable)		Γ acceptable)	€		
	JACKSONVILLE	FL 32207			1,123	
	City, S	State and Zip		- 4		
If the limited liability conconfirmed that after the cand the business office of liability company, it is he the members of the limit the operating agreement	change or changes are maged the registered agent we confirmed that the ed liability company or	nade, the Florida fill be identical. ( e change(s) was/v as otherwise pro-	f the State of Florida, street address of the r Or, in the case of a Flowere authorized by an vided in the articles o	it is her registere orida lin affirma f organi	eby d officited ative v zation	ce ote of 1 or
(Signature of a member or author	rized representative of a member	er)	-	_		
HAROLD DODT (Printed or typed name of signer				-		
I hereby accept the appo comply with the provisio and I am familiar with a Chapter 508, I.S. Or, if address, I hardby confirm	pintment as registered a ns of all statules relative nd accept the obligation this document is being n that the limited liabili	gent and agree to te to the proper a is of my position filed to merely re ty company has b	o act in this capacity. nd complete performa as registered agent a flect a change in the ocen notified in writin	I furthe ince of i s provia register ig of this	er agr my du led for red off s chan	ee to ties, in ice ge.

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

**FILING FEE: \$25.00** 

INHS18(10/99)

(Signature of Registered Agent)