L0300056383

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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.

3 ,,	- ,	South Dout	ona Colf Storago III C	•
1. The name of the limited				, •
2. The mailing address of	the limited liability con	mpany is : <u>27</u>	765C Rebecca Lane,	·
			range City, FL 32763	<u> </u>
12/17/2003			L03000056383	
3. Date of filing/registrati	on in Florida	4.	. Document number	
5. The name of the register Florida Department of S	State:	tered office ad	dress as shown on the re	cords of the
	Lawton R Jackson		 	
	2311 S.W. 24TH ST	Name TREET		بع _
	MIAMI FL 33145	Address		DIVISION OF CO.
	City,	State and Zip		유발
6. The name and address of	of the new registered ag	gent and/or off	īce:	CORPO
	Tom Smith			9. P.
	Name 2765C Rebecca Lane			8: 30
•	Florida street address	(P.O. Box NO	OT acceptable)	
	Orange City,	FL 32763		
	City, St	tate and Zip		
If the limited liability com confirmed that after the chand the business office of liability company, it is her the members of the limited the operating agreement of the limited that the limited that the limited liability company is an expectation of the limited liability company in the liab	tange or changes are mathe registered agent will eby confirmed that the dilability company or a fithe limited liability company.	ade, the Florid ll be identical. change(s) was otherwise prompany.	la street address of the re Or, in the case of a Flosywere authorized by an	egistered office rida limited affirmative vote of
fom Smint				
(Printed or typed name of signee)				
I hereby accept the appoint comply with the provision and I am familiar with and Chapter 608, F.S. Or, if the address, I hereby confirm	ntment as registered ag s of all statutes relative d accept the obligations his document is being f that the limited liabilit	gent and agree to the proper s of my positio iled to merely y company has	e to act in this capacity. cand complete performa on as registered agent as reflect a change in the r s been notified in writing	I further agree to nce of my duties, provided for in egistered office g of this change.

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00

(Signature of Registered Agent)