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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.

1. The name of the limited liability company is:	11001- A	۔ سرور ، م		- C	
2. The mailing address of the limited liability company	y is : 27/4 ///	PERBL	UFF /	ARK	WAY,
	SAKASOTA	FL	342	3/	,
12-30-2003	_L 0300	1405	7068	;	
3. Date of filing/registration in Florida	4. Document				
5. The name of the registered agent and the registered of Florida Department of State:				of the	<b>e</b>
THOMAS LUZ	IEL	<del></del>	_		
THOMAS LUZ Name 3400 South TAMA Addre SARASOTA City, State a	iani Toni.	Sum	202		
Addre	ess				
SARASOTA ?	FL 34239	<del></del>			2
					13EC
5. The name and address of the new registered agent an	nd/or office:		•	FEB 26	黑
MS. JOANNE MO	RRISON			26	20.
Name	Dadina		<del>-</del>	<b>=</b>	30 C
2714 RIVERBLUFF Florida street address (P.O.	Roy NOT acceptable	<u>-</u>	•	<u>-x</u>	ું. જુ.
, and the second se		.0)		=	
SAR ASOTA FL City, State an	34231			٥.	SEC.
City, State an	ıd Zip				
If the limited liability company is not organized under to confirmed that after the change or changes are made, the and the business office of the registered agent will be ideability company, it is hereby confirmed that the change the members of the limited liability company or as other the operating agreement of the limited liability company.  Signature of a member of authorized representative of a member)	the laws of the State the Florida street addressed the florida street addressed the florida street authors was/were authors are provided in the florida street.	of Florida ess of the ase of a F ized by a e articles	i, it is he register lorida li n affirm of organ	ereby ed off mited ative nization	fice   vote of on or
JAMES W HAREMAN					
TAMES W. HARSWAW (Printed or typed name of signee)	· ·				
	nd agree to act in this	canacit	. I furth	her ag	ree to
I hereby accept the appointment as registered agent an comply with the provisions of all statutes relative to the and I am familiar with and accept the obligations of my Chapter 608, F.S. Or, if this document is being filed to address, I hereby confirm that the limited liability comp	e proper and complet y position as register merely reflect a cha pany has been notifie	e perforn ed agent nge in the d in writi	ance of as provi registe ng of th	my di ded fo red oj is cha	uties, or in ffice inge.

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

INHS18(10/99)

**FILING FEE: \$25.00**