10400005427

(Re	equestor's Name)
(Ac	ddress)
(Ad	ddress)
	ty/State/Zip/Phone #)
PICK-UP	WAIT MAIL
(Bu	siness Entity Name)
	we are Ministra
(100	cument Number)
Certified Copies	Certificates of Status
Special Instructions to	Filing Officer:
7/23	PIA Change
	

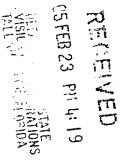
Office Use Only



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COPPOR		
CORPORATE ACCESS, INC. P.O. Box		venue . Tallahassee, Florida 32303 ~ (850) 222-2666 or (800) 969-1666 . Fax (850) 222-1666
	WALLP PICK UP	(IN to
CERTIFIED COPY		CUS
<u>1</u> рното сору		Veiling Amend
) (CORPORATE NAME & BOCUMENT#)	ne LLC	
(CORPORATE NAME & DOCUMENT #)		
(CORPORATE NAME & DOCUMENT #)		
(CORPORATE NAME & DOCUMENT #)		
(CORPORATE NAME & DOCUMENT #)		
SPECIAL INSTRUCTIONS		

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 warms of the limit	ed liability company is: PRO	PERTY SCENE I.C.	
	of the limited liability company	is:	
P.O. BOX 1024, SAFE	ETY HARBOR, FL 34695		
1/21/2004		L0400005427	
3. Date of filing/registrat	tion in Florida	4. Document num	ıber
5. The name of the regist Florida Department of	ered agent and the registered of State:	fice address as shown o	n the records of the
_	MARTIN C JACKSON		, S
	Name 1748 OAK POND COURT		
	Address OLDSMAR, FL 34677 City, State and Zip		2
	City, State ar	id Zip	# <u>#</u>
6. The name and address of the new registered agent and/or office:			
	PARACORP INCORPORATED		A
	236 EAST 6TH AVENUE		
	Florida street address (P.O. Box NOT acceptable)		i
	TALLAHASSEE FL 3	2303	
	City, State and	Zip	.!
Marty Jac	mpany is not organized under the hange or changes are made, the the registered agent will be ide reby confirmed that the change ed liability company or as other of the limited liability company when had been described to the limited liability company when had been sentitled of a member)	e laws of the State of F. Florida street address ontical. Or, in the case of (s) was/were authorized wise provided in the art.	lorida, it is hereby of the registered office of a Florida limited I by an affirmative vote of icles of organization or
MARTIN (Printed or typed name of signee	TACKSON	-	ı.
I hereby accept the appo comply with the provision and I am familiar with an Chapter 608, F.S. Or, if address, I hereby confirm (Signature of Registered Agent)	intment as registered agent and is of all statutes relative to the ind accept the obligations of my this document is being filed to it that the limited liability company	l agree to act in this cap proper and complete pe position as registered a nerely reflect a change any has been notified in	pacity. I further agree to reformance of my duties, gent as provided for in in the registered office writing of this change.
Denise Torrner, was	t. Secretary on of Corporations, P.O. Box	6327, Tallahassee, FL	32314

FILING FEE: \$25.00