04000005675

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08/23/04--01037--011 **25.00

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.

agein, or com, mine chai	•				
1. The name of the limite	d liability com	pany is: B&M	Services, L.L.C.		
2. The mailing address of				e, Lakeland,	
Florida 33811					
January 22, 2004			L0400000567	75	
3. Date of filing/registrat	on in Florida		4. Document nu	ımber	
5. The name of the register Florida Department of		_	ice address as shown	on the record	s of the
	3706 DMG I	Name		- .	
	Lakeland, F	Address Iorida 33811 City, State and		- -	
6. The name and address	of the new regis	stered agent and/	or office:		
	Evan Finch				
	3706 DMG (Name Orive	- -	- ,	OLA VOE
	Florida street	address (P.O. B	ox NOT acceptable)		16 23
	Lakeland,	FL 33	3811		~∺
	<u></u>	City, State and	Zip	-	12
If the limited liability com confirmed that after the cl and the business office of liability company, it is her the members of the limite the operating agreement of the limite the limited liability company.	nange or change the registered a by confirmed d liability comp f the limited lia	es are made, the agent will be iden that the change(pany or as otherwability company.	Florida street address atical. Or, in the cases was/were authorized	s of the registe e of a Florida l ed by an affire	ered office: limited mative vote of
Bobby L. Moore, Jr.	γ				
(Printed or typed name of signee)		<u></u>			
I hereby accept the appoint comply with the provision and I am familiar with an Chapter 608, F.S. Or, if the address, I hereby confirm	ntment as regis s of all statutes d accept the ob his document is that the limited	stered agent and relative to the p ligations of my r s being filed to m d liability compa	agree to act in this c roper and complete p osition as registered terely reflect a chang ny has been notified	apacity. I fur performance of agent as pro- ge in the regist in writing of t	ther agree to of my duties, inded for in tered office his change.
(Signature of Registered Agent)					

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

INHS18(10/99)

FILING FEE: \$25.00