L040000006832

Terence Rochford (Requestor's Name) 11623USeppa Court (Address)					
11623USeppa Court					
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SECRETARY OF STATE TALLAHASSEE, FLORIDA

FILED



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 limit	ed liability company is:	: The Compa	ass Real Esta	ate Group Florida LLC
2. The mailing address of	of the limited liability co	ompany is:		· · · · · · · · · · · · · · · · · · ·
3092 Tamiami Tra	ail, North, Naples	, Florida, 34	1102	·
January 26, 2004 L0400000		L04000006832	2	
3. Date of filing/registra	tion in Florida	4.	Document num	ber
5. The name of the regist Florida Department of		stered office add	ress as shown o	n the records of the
	Terence E. Roch			
	809 Walkerbilt	Name Road, Suite	7	
		Address		
	Naples, FL 341	.1.0 State and Zip		
	•			SEC ALL
6. The name and address	of the new registered a	gent and/or offic	e:	MAY AHA
	Terence E. Roch	ford		SS # 23
	Name 11623 Useppa Court			06 MAY 23 PM 1:43 SECRETURY OF STATE TALLAHASSEE, FLORIDA
	Florida street addres	s (P.O. Box NO	T acceptable)	T: L: STATE SRIDA
	Naples	FL 34110-0	925	3
	City, S	State and Zip		
If the limited liability conconfirmed that after the cand the business office of liability company, it is he the members of the limite the operating agreement	hange or changes are me the registered agent we reby confirmed that the ed Liability company or	nade, the Florida ill be identical. (e change(s) was/v as otherwise pro	street address of	orida, it is hereby If the registered office If a Florida limited If an affirmative vote of icles of organization or
(Signature of a member or author	rized representative of a memb	ег)		
Terence E. Rochfor (Printed or typed name of signee)		agent and agree t	to act in this can	racity. I histhay gayaa to
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	intiment us registered a iss of all statutes relative ad accept the obligation this document is being that the limited liabili	gen and ugree if the the proper a sof my position filed to merely reference to the company has	o det in inis cap in <u>d complet</u> e pe as registered a eflect a change been notified in	rformance of my duties, rformance of my duties, gent as provided for in in the registered office writing of this change.
(Signature of Registered Agent) Terence E. Rochfor Division	rd on of Corporations, P.	 .O. Box 6327. T	allahassee. FL	32314

FILING FEE: \$25.00

INHS18(10/99)