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TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations
SUBJECT: COL 254/139 LLC (Name of corporation)
DOCUMENT NUMBER: LO40000 746/
The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Cynthia D. Ruzic (Name of person)
COL 254/139 CCC (Name of firm/company)
446 Harbor Deive North
Idia Rochs Beneh H 33785 = 1810 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
For further information concerning this matter, please call: C+ + + A
Enclosed is a \$35.00 check made payable to the Department of State.
Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address: Amendment Section Division of Corporations 409 E. Gaines Street Tallahassee, FL 32399

CR2E045(09/03)

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:	3/2 254/139 226
2. The mailing address of the limited liability company	is: ++6 Harbur Deive Nect
Indian Kochi Biach Fl	33785
1/28/04	L04000007461
3. Date of filing/registration in Florida	4. Document number
5. The name of the registered agent and the registered of Florida Department of State: Chiha D Name 1235 W. Ziwan Addres City, State a	
1235 N. River	- Lells De
Temple Terrace City, State a	ss F. F. 35 5 /7 and Zip
6. The name and address of the new registered agent an	d/or office:
C4~thin 0	Rus I Proper
4+6 Harbor	Acre white
Florida street address (P.O.	Box NOT acceptable)
Ida Rate Arch	22.1 6 .7
City, State an	*
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 idliability company, it is hereby confirmed that the chang the members of the limited liability company or as other the operating agreement of the limited liability company. (Signature of a member or authorized representative of a member)	le Florida street address of the registered office lentical. Or, in the case of a Florida limited e(s) was/were authorized by an affirmative vote of the provided in the articles of organization or
(Printed or typed name of signee)	

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

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my auties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F,S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

INHS18(10/99) FILING FE

(Signature of Registered Agent)