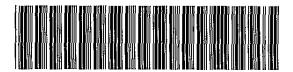
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| R Une has 1919 S. S. 33 Den Operholer, Ifyary (Address) | | | | | | |
|--|--------------------|-----------|--|--|--|--|
| (Cit | ty/State/Zip/Phone | ∋ #) | | | | |
| PICK-UP | WAIT | MAIL | | | | |
| (Business Entity Name) | | | | | | |
| (50 | onicas Chary Nar | ne, | | | | |
| | | | | | | |
| (Do | cument Number) | ··· | | | | |
| Certified Copies | _ Certificates | of Status | | | | |
| Special Instructions to | Filing Officer: | | | | | |
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SECRETARY OF STATE

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

| liability company subm agent, or both, in the St | ions of sections 608.410 its the following stateme ate of Florida. | ent in order | to change its re | ites, the unders egistered office | signed limited or registered |
|---|---|---|---|--|---|
| 1. The name of the limit | ited liability company is: | RATH LI | .C | | · |
| 2. The mailing address | of the limited liability co | ompany is : | 1819 SW 23rd | Terr., Okeec | hcobee, Fl. |
| 34974 | | | | | • |
| 1/28/04 L0400007671 | | | | 671 | |
| 3. Date of filing/registration in Florida | | - | 4. Document r | umber | |
| 5. The name of the regis Florida Department of | stered agent and the regis of State: Corporate Creation | | address as show | n on the record | s of the |
| | 941 Fourth Street | Name | | · . | |
| | Miami Beach, FL 3 | Address 3139 State and Z | in | | SECRETARY |
| 6. The name and addres | s of the new registered a | | • | | AR -7 |
| | Roy D. Hughes | | | | 新· · · · · · · · · · · · · · · · · · · |
| | 1819 SW 23 rd Terr. | | | FLOR FLOR | |
| | Florida street addres | s (P.O. Box | NOT acceptable | e) | DA |
| | Okeechobee,fl 3497 | 74 _{FL} | | | |
| | City, S | State and Zip |) | | |
| confirmed that after the and the business office liability company, it is the members of the limithe operating agreement | ompany is not organized change or changes are mof the registered agent whereby confirmed that the ited liability company or tof the limited liability charged representative of a membrorized | nade, the Flo ill be identic e change(s) v as otherwise company. | rida street addre al. Or, in the ca vas/were authori | ss of the registe se of a Florida zed by an affir | ered office limited mative vote of |
| RD | 11 / | , | | | |
| (Printed or typed name of sign | ce) | | • • • | • . | |
| I hereby accept the app comply with the provisi and I am familiar with a Chapter 608, F.S. Or, i address, I hereby confir | pointment as registered a ons of all statutes relative and accept the obligation of this document is being m that the limited liability | gent and ago e to the prot is of my post filed to mere ty company | ree to act in this per and complete tion as registere ly reflect a char has been notified | capacity. I fur performance of d agent as pro- ige in the regist in writing of t | ther agree to)f my duties, vided for in tered office his change. |
| (Signature of Registered Agent | A | | 第二 | | • • |
| Divis | sion of Cornorations, P. | O. Box 632 | 7. Tallahassee. | FI. 32314 | |

FILING FEE: \$25.00

INH\$18(10/99)