## L040000 16187

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## 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.

	0) 1 10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
1. The name of the limite	d liability company is:	Sussex In	vestment, LLC	
2. The mailing address of	the limited liability con	apany is:	o/o James and Cl	aire Lakner
889 Pyrus Way, Sunny				
03/01/2001			L04000016187	
3. Date of filing/registrati	on in Florida		4. Document num	ber
5. The name of the registe Florida Department of S		ered office a	ddress as shown or	n the records of the
	2516 SE 34th Place	Name		
	Cape Coral, FL 3390	ddress )4 tate and Zip	)	
6. The name and address of	of the new registered age	ent and/or o	ffice:	
	Roland M. Julien			
	1806 NW 21st St,	ame		
•	Florida street address	P.O. Box N	OT acceptable)	<b>5</b> 00
	Gainesville	FL 32605	<b>;</b>	E ST
	City, Sta	ite and Zip		T is T
If the limited liability com confirmed that after the chand the business office of liability company, it is her the members of the limited the operating agreement o	the registered agent will eby confirmed that the call liability company or as f the limited liability cor	de, the Flori be identica hange(s) was otherwise inpany.	ida street address o 1. Or, in the case o as/were authorized	of the registered office  of a Florida limited a g  by an affirmative vote of
(Signature of a member or author)	zed representative of a member)	•		
Roland M. Julien (Printed or typed name of signee)				
I hereby accept the appoing comply with the provision and I am familiar with and Chapter 608, F.S. Or, if the address, I hereby confirm	ntment as registered age s of all statutes relative i l accept the obligations his document is being fil that the limited liability	ent and agree to the prope of my positi ed to merel company h	ee to act in this cap or and complete per on as registered as y reflect a change i as been notified in	acity. I further agree to formance of my duties, sent as provided for in the registered office writing of this change.
(Signature of Registered Agent)	)		<b></b>	•

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

INHS18(10/99)

**FILING FEE: \$25.00**