## 104000016303

(Decusedada Nessa)	 
(Requestor's Name)	
(Address)	
Macfarlane Ferguson & McM	ULLEN
ATTORNEYS AND COUNSELORS AT LAW P.O. BOX 1531	
TAMPA, FLORIDA 33601-1531	
(Business Entity Name)	
(Document Number)	
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10/14/04--01004--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.

•	ie oj Piorida.					
1. The name of the limit	ed liability company is	Innovative Cons	solidations, LL	.C		
2. The mailing address of	of the limited liability c	ompany is : P.O. E	3ox 1531			
Tampa, FL 33601	•					<u> </u>
03/01/04		1.04	000016303			<u> </u>
			_ <del></del>			
3. Date of filing/registra	tion in Florida	4. Do	cument number			
5. The name of the regist Florida Department of		stered office address	s as shown on th	ne recor	ds of t	he
-	Carter B. McCain					
	400 North Tampa	Name Street, Suite 2300				
		Address		7		
	Tampa, FL 33602				2	
	City	, State and Zip		≥:	2	-
6. The name and address	of the new registered a	igent and/or office:		HASSE	04 OCT 114	*******
	Carter B. McCain			Ži.	-	1.270-4100
	201 North Tampa	Name Street, Suite 2000		E. FLORIDA	AM 9:	
	Florida street addres	ss (P.O. Box NOT a	cceptable)	Rio.	9:40	
	Tampa,	FL 33602		I.		
	City,	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 of the limited by the limited by the limited liability of the liabi	thange or changes are not the registered agent we treby confirmed that the ed liability company or of the limited liability of	nade, the Florida strovill be identical. Or, e change(s) was/wer as otherwise provide company.	eet address of the in the case of a se authorized by	ne regist Florida an affir	ered of limited mativ	office ed e vote of
Stephen R. Hood	<del>,</del>	<del></del>				
(Printed or typed name of signee	•					
I hereby accept the apportunity with the provision and I am familiar with an Chapter 608, F.S. Or, if address, I hereby confirm	nintment as registered cons of all statutes relatived accept the obligation this document is being that the limited liability	ngent and agree to a ve to the proper and ns of my position as filed to merely refle ity company has bee	ct in this capac complete perfo registered ager ect a change in i n notified in wr	ity. I fui rmance it as pro the regis iting of	rther c of my wided stered this ch	igree to duties, for in office iange.

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

INHS18(10/99)

FILING FEE: \$25.00