## 104000024488

| (Requestor's Name)                      |
|---|
|   |
| (Address)                               |
|   |
| (Address)                               |
|   |
| (City/State/Zip/Phone #)                |
| PICK-UP WAIT MAIL                       |
|   |
| (Business Entity Name)                  |
|   |
| (Document Number)                       |
|   |
| Certified Copies Certificates of Status |
|   |
| Special Instructions to Filing Officer: |
|   |
|   |
|   |
|   |
|   |
|   |
|   |

Office Use Only



600043604206

12/27/04--01053--003 \*\*25.00

SECRETARY OF STATE
TALLAHASSEF, FLORIDA

i r

WHER

## 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.

| agent, or both, in the State of Florida.  |  |
|---|--|
| 1. The name of the limited liability company is:  |  |
| 2. The mailing address of the limited liability company is:   | 022 Hunting Lodge OR.  |
| Minmi 3   | 022 Hunting Lodge OR. Oringo Fl. 33166   |
|   | 00024488   |
| 3. Date of filing/registration in Florida 4. Document   | t number   |
| 5. The name of the registered agent and the registered office address as showing Florida Department of State:  Diego Insausti   |  |
| Diego Insausti  Name  1012 Hunting hodge Onice  Address  Hinni Spaing H. 33166  City, State and Zip   |  |
| 6. The name and address of the new registered agent and/or office:  | 78 20  |
| Bregory NASh  19452 NE 15th Court   | 1 ° L "  |
| Florida street address (P.O. Box NOT acceptate  | AM 11: 12 OF STATE E.FLORID.   |
| City, State and Zip   | — SRIE : 12  |
| If the limited liability company is not organized under the laws of the State confirmed that after the change or changes are made, the Florida street add and the business office of the registered agent will be identical. Or, in the liability company, it is hereby confirmed that the change(s) was/were author the members of the limited liability company or as otherwise provided in the operating agreement of the limited liability company.  (Signature of a member or authorized representative of a member) | ress of the registered office case of a Florida limited orized by an affirmative vote of   |
|   |  |
| (Printed or typed name of signlee)  |  |
| I hereby accept the appointment as registered agent and agree to act in the comply with the provisions of all statutes relative to the proper and complete and I am familiar with and accept the obligations of my position as registe Chapter 608, F.S. Or, if this document is being filed to merely reflect a chapter so, I hereby confirm that the limited liability company has been notifications of Registered Agent   | is capacity. I further agree to<br>ete performance of my duties,<br>ered agent as provided for in<br>ange in the registered office<br>ied in writing of this change. |

**FILING FEE: \$25.00** 

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