1204-000028902

SECRETARY OF STATE
JALLAHASSEE, FLORIDA (Requestor's Name) (Address) (Address) (City/State/Zip/Phone #) WAIT PICK-UP MAIL (Business Entity Name) (Document Number) Certified Copies _____ Certificates of Status _ Special Instructions to Filing Officer: AL

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03/14/05--01014--009 **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 funded liability company submits the following statement in order to change its registered office of registered agent, or both, in the State of Florida.

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agein, or com, in the Bi	are of riorian.			
1. The name of the lim	ited liability company is:	Park F	Partners, LLC	2005 MAR 14 P J
				3, Winter Haven, FL 338 82 TALLAHASSEE, FLOI
04/08/04			L040000289	902
3. Date of filing/registr	ration in Florida		4. Document r	number
5. The name of the regin Florida Department of	stered agent and the regist of State: Joseph Bogdahn	ered offi	ice address as show	n on the records of the
	1332 Evelyn Dr S.E	Name ·		_
	_Winter Haven, FL 3	Address 33880 State and	l Zip	_
6. The name and addres	s of the new registered ag	ent and/	or office:	
	Joseph Bogdahn			
	340 West Central A	Name venue	SUITE 300	_
	Florida street address	(P.O. B	ox NOT acceptable	. !)
	Winter Haven, FL 3	3 530		
	City, St	ate and	Zip	_
confirmed that after the and the business office liability company, it is I the members of the limi	ompany is not organized unchange or changes are made of the registered agent will nereby confirmed that the ted liability company or a tof the limited liability company.	ade, the lade, the lade, the ider change (so otherwork)	Florida street addre ntical. Or, in the ca s) was/were authori	ss of the registered office
(Signature of a member or auth	orized representative of a member	.)		
Joseph Bogdahn				
(Printed or typed name of signe	·	•	_	
		ent and to the part of my part led to make	agree to act in this roper and complete osition as registere erely reflect a chan ny has been notified	capacity. I further agree to performance of my duties, d agent as provided for in age in the registered office I in writing of this change.
(Signature of Registered Agent				
"- " - Priming of trafficient (1801)	•			

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

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