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SECRETARY OF STATE

## 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.

ageni, or boin, in the bi	are of 1 to, ma.						
1. The name of the limi	ted liability company is:	8th Street Profe	essional	., LLC			
2. The mailing address	of the limited liability co	mpany is: 111 S.W.	8th Str	eet, Oc	ala,	FL_	34474 —-
		3 35	<u> </u>			<u></u>	
O4/08/04 LO4000028945 3. Date of filing/registration in Florida 4. Document num							
				r			
5. The name of the regis Florida Department of	stered agent and the regist f State:	tered office address as sl	hown on t	he record	s of th	e	
•	John P. Sh	ields		· · · · ·			
	111 S.W. 8th St	Name					
• = · · · · · · · · · · · · · · · · · ·		Address			¥		
	City,	4 State and Zip		•			
6. The name and address of the new registered agent and/or office:				SEC	ž		
	Janine McKi	nney		주곱 성	Ē		
		Name		AR SS	<del>-</del> 8	1	
	Dame	(DO D. MOT	4-1-1-)	E O			1
	Florida street address	(P.O. Box NOT accept	table)	TARY OF STATE	∑		j
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	City, S	tate and Zip		> om	σ		
confirmed that after the and the business office liability company, it is the members of the limithe operating agreement (Signature of a member or authorized)		ade, the Florida street ad it be identical. Or, in the change(s) was/were aut as otherwise provided in ompany.	ddress of the case	the registe a Florida y an affiri les of orga	ered of limited mative	ffice d vote	of r
Tanine McKinney (Printed or typed name of signs	Managing Member	<u> </u>	• .	•			
• • •	pointment as registered as ons of all statutes relative and accept the obligation of this document is being methat the limited liability	gent and agree to act in to the proper and comp s of my position as regis iled to merely reflect a c y company has been not	this capa plete perfo stered age change in tified in w	city. I fur ormance on the regis riting of t	ther a of my b vided j tered o his ch	gree Jutie Or it Office ange	to s, 1

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

INHS18(10/99)

**FILING FEE: \$25.00** 



## FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

January 5, 2005

JANINE MCKINNEY INSURANCE 111 SOUTH WEST 8TH STREET OCALA, FL 34474

SUBJECT: 8TH STREET PROFESSIONAL, LLC

Ref. Number: L04000028945

We have received your document for 8TH STREET PROFESSIONAL, LLC. However, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State for \$25.00. Your document will be retained in our pending file. Please return a copy of this letter to ensure that your check is properly credited.

You have submitted two filing applications. Each filing is \$25.00. So therefore, we need an additional \$25.00 to file the registered agent change or you can change it on the 2005 annual report.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6913.

Letter Number: 105A00000746

Diane Cushing Document Specialist

Division of Corporations - P.O. BOX 6327 -Tallahassee, Florida 32314