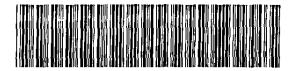
## L04000034973

		tor's Name)	
ADMIM !		e77	
Suite 6		1 - 157	- D-
2295 S			
OMANO	, =	L 328	535
<del></del>	/Ctat	Thone	
Ţ	City/Stau	e/Zip/Phone	#)
PICK-UP	, <u> </u>	T <sub>WAIT</sub>	MAIL
<u></u>		1	
— —————	<del></del>		
	Business	s Entity Nam	ie)
	(Docume	nt Number)	
Certified Copies		Cartificates	- E Chahire
Certified Copies		Cermicates	or Status
·		<u></u>	
Special Instructions	to Filing	Officer:	
- F -		-	1
1			1
1			<b>{</b>
			1
		1	1
Name Availability	1		1
			į
pocument Examiner	ECU	<del> </del>	
·	Offi	ice Use Only	ď
Updater	<u>ټ.رن</u>	F .	
Updater		]	
Verifyer	DCC		
Acknowledgement	DCC		
W. P. Verifyer	DCC		
W. F. TGIRJOI		1	



000057189110

07/18/05--01018 --UU; \*\*25.09

SECULIARY OF 3 02

## 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.

1. The name of the limited liability company is:	47 1150 110
2. The mailing address of the limited liability company is:	2295 S. HIAWASSEE ICOM
SUITE 4/2, ONLANDO, FOOL	MOA 32835
3. Date of filing/registration in Florida 4	L04000034973
3. Date of filing/registration in Florida 4	. Document number
5. The name of the registered agent and the registered office ad Florida Department of State:	
COADDIAGIT ME	- AGENTS INC
Name	/ -
103 Nonth MERIDIA Address	AN STREET LOWER LEVEL
City, State and Zip	5230/
City, State and Zip	
6. The name and address of the new registered agent and/or off	īce:
SERABA LOUIN	BARNETT
Name 7295 S. HIAWASSEE	2 0 6 7 7
7295 S. HIAWASSEE	16.10, SUTE 4/2,
Florida street address (P.O. Box NO	- '
City, State and Zip	2835
City, State and Zip	
If the limited liability company is not organized under the laws confirmed that after the change or changes are made, the Florid and the business office of the registered agent will be identical. liability company, it is hereby confirmed that the change(s) was the members of the limited liability company or as otherwise properties that the change of the limited liability company.	la street address of the registered office Or, in the case of a Florida limited s/were authorized by an affirmative vote of rovided in the articles of organization or
Signature of a member or authorized representative of a member)	8. C.
Printed or typed name of signee)	12 V 12 C
(Printed or typed name of signee)	[5] 연 · · · · · ·
I hereby accept the appointment as registered agent and agree comply with the provisions of all statutes relative to the proper and I am familiar with and accept the obligations of my positio Chapter 608, F.S. Or, if this document is being filed to merely address, I hereby confirm that the limited liability company has	to not in this connecitie ! Author armed to
(Signature of Registered Agent)	

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

INHS18(10/99)

**FILING FEE: \$25.00**