## L04 0000 41993

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## 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 limite	ed liability company is:	Monte Vin	a Properties Com	pany #	#1 LLC	<del>`</del> -
2. The mailing address of	f the limited liability cor					
Cape Coral, FL 33904			. <u></u>			·
6/4/2004		L04000041993				
3. Date of filing/registration in Florida			4. Document numb	er	<u> </u>	<del></del>
5. The name of the register Florida Department of	ered agent and the regist State:	tered office a	address as shown on	the rec	cords of	f the
ı	Legal Zoom Nevada	a, inc.				
	44 W. Flagler St., S	Name Suite 675				
	Miami, FL 33130	Address	<del></del>	₹.		
	City,	State and Zip	p	<i>=</i> ′	₽	
6. The name and address	of the new registered ag	gent and/or o	ffice:	Maria Maria	OH DEC	v 3
	Leticia Faunce			Sign	8	ा <b>ः</b> सम् <b>व्या</b>
	3510 SE 18 Place 1	Vame		Shallow	PM	=
	Florida street address	(P.O. Box N	NOT acceptable)	1	1:2	
	Cape Coral,	FL 33904	1	3.5	a)	
	City, St	tate and Zip				
If the limited liability conconfirmed that after the cland the business office of liability company, it is he the members of the limite the operating agreement of the limite the operating agreement of the limite the operating agreement of a member or authors.	hange or changes are marked the registered agent will reby confirmed that the distribution of the limited liability company or a liability or a	ade, the Flor II be identica change(s) was otherwise ompany.	ida street address of al. Or, in the case of as/were authorized	the reg f a Flor by an a	gistered ida lim iffirmat	l office ited ive vote of
Wesley H. Faunce III, (Printed or typed name of signee	managing member	·				
I hereby accept the appo comply with the provision and I am familiar with an Chapter 608, F.S. Or, if address, I hereby confirm	intment as registered as is of all statutes relative id accept the obligation this document is being f inthat the limited liabilit	gent and agr e to the prop s of my posit filed to mere ty company h	ee to act in this capt er and complete per tion as registered at ly reflect a change it as been notified in	acity. I forman tent as n the ri writing	l furthe ice of n provide egistere of this	r agree to ny duties, ed for in ed office change.

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

**FILING FEE: \$25.00** 

INHS18(10/99)