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· (Re	questor's Name)	
	,	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	(e)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: SR INVESTORS, LLC (Name of)	Limited Liability Company)		
Dear Sir or Madam:			
The enclosed Registered Agent/Registered (Office Change and fee(s) are submitted for filing.		
Please return all correspondence concerning	g this matter to the following:		
J. GEOFFREY PFLUGNER (Name of Person) Icard, Merrill, Cullis, Timm, Furen & G (Firm/Company)	Ginsburg, P.A.	SECRETARY OF STATE	06 NOV -3 AM 11: 24
8470 Enterprise Circle, Suite 201		A	<u>.</u>
(Address)			
Bradenton, Florida 34202			
(City/State and Zip Code)			
For further information concerning this mat	tter, please call:		
J. GEOFFREY PFLUGNER	at (941) 366-5707		
(Name of Person)	(Area Code & Daytime Telephone Nu	ımber)	
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314		
Enclosed is a check for the following	ing amount:		
\$25 Filing Fee	\$55 Filing Fee & Certified Copy		

INHS18 (8/05)

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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 limited liab	oility company is:	SR INVESTOR	S, LLC				
2. The mailing address of the	imited liability co	ompany is : <u>158</u>	51 2ND STREET	, SARASO	TA, FLO	RIDA 3	4236
JUNE 11, 2004		L	.04000044223	· · · · · · · · · · · · · · · · · · ·			•
3. Date of filing/registration in	Florida	$\overline{4}$. Document nur	nber			
5. The name of the registered a Florida Department of State:	gent and the regis	stered office ad	dress as shown	on the reco	rds of th	ıe	
Tod	d Rincon						
		Name		•			
<u>513</u>	1 WILLOW LEAF						
_		Address					
Sara	asota, Florida 342	241 State and Zip	· 				
	• •	•					
6. The name and address of the	new registered a	gent and/or off	ice:		ASS	90	
J. G	EOFFREY PFLU	JGNER			ES.	AON 90	
<u></u>		Name			HAS	1	<u> </u>
8470	Enterprise Circle	e, Suite 201	·*··***		NA NA	ω _	
Flo	rida street address	s (P.O. Box N 0	OT acceptable)		:'''유	-3 AMII: 24	O
Brad	lenton,	FI. 34202			CSS SSS	=	
		State and Zip			受制	24	
If the limited liability company	is not organized	under the laws	of the State of I	Florida, it is	hereby		
confirmed that after the change and the business office of the re liability company it is hereby of the members of the limited or the operating agreement of t	egistered agent w confirmed that the liability company	ill be identical. e change(s) was or as otherwis	Or, in the case s/were authorize	of a Florid d by an aff	a limited irmative	d e vote	
(Alle	~~						
(Signature of a member of authorized re	presentative of a member	er)					
J. GEOFFREY PFLUGNER							
(Printed or typed name of signee)	····						
I hereby accept the appointme comply with the provisions of a and I am familiar with and acc Chapter 608, F.S. Or if this daddress, I hereby confirm that (Signature of Registered Agent)	nt as registered a ill statules relativi ept the obligation ocument is being the limited liabili	gent and agree e to the proper is of my positio filed to merely ty company has	e to act in this ca and complete p n as registered i reflect a change s been notified in	ipacity. I fi erformance agent as pro in the regi n writing of	irther as of my a ovided fo stered of this cha	gree to luties, or in office ange.	
Division of	Corporations, P.	O. Box 6327,	Гallahassee, FL	32314			

FILING FEE: \$25.00