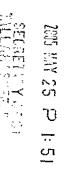
## L 0400004543a

٦)	Requestor	's Name)						
5556 Yahl St. Naples, FL 34109								
PICK-UP		Zip/Phono	e#)					
(E	Business	Entity Nar	ne)					
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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.

agem, or oom, in the state	e oj Pioriaa.						
1. The name of the limite	d liability compa	my is: SUTTER	REALTY LLC		<u> </u>		<u>-</u> -
2. The mailing address of	the limited liabi	lity company is:	3084 52ND STRE	ET SV	Ν		<u>,</u>
NAPLES, FL 3				116			•
6/17/2004 LD40			004	1543	2		
3. Date of filing/registration in Florida 4. Documen				ber			
5. The name of the registe Florida Department of S	State:			1 the re	ecords of	the	
	LEGAL ZOOM	M NEVADA, INC	· · · · · · · · · · · · · · · · · · ·	¥_			
	44 W. FLAGL	Name ER STREET - S	UITE 675				
	MIAMI, FL 33			,			
		City, State and Z	ip		200	24	
6. The name and address of	of the new regist	ered agent and/or	office:		>8	M 5002	****
STEPHEN F. SUTTER					(A 5)	MAY 2	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	3084 52ND S	TREET SW			101-€ 101-€	C)	
		<del></del>	NOT acceptable)	<del></del>	743 	T) —	-
	NAPLES	FL 341				<u></u>	
		City, State and Zi		-	-	٠.,	
If the limited liability conconfirmed that after the cland the business office of liability company, it is bethe members of the limite the operating agreement.	hange or changes the registered ag reby confirmed t	s are made, the Flogent will be identified the change(s)	orida street address of cal. Or, in the case of was/were authorized	of the re of a Flo by an	egistered orida lim affirmati	l office ited ive vo	te ot
(Signature of a member or author	ized representative of	a member)					-
STEPHEN F SUTTER		7					
(Printed or typed name of signee)			-				
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 of regist is of all statutes in accept the oblinities in the oblinities are the oblinities are the oblinities are the oblinities.	tered agent and ag relative to the pro- igations of my pos- being filed to men liability company	ree to act in this cap per and complete pe ition as registered a ely reflect a change has been notified in	pacity, rforma gent as in the writin	I furthed ince of m is provided registered g of this	r agree iy duti id for i id offic chang	e to es, in ce ce.
(Signature of Registered Agent)					•		

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

INHS18(10/99) FILING FEE: \$25.00