## W4000059332

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W-59332 CX-X55,00

## 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.

•	r						
1. The name of the limited	l liability company is:	: <u>Omen</u>	cas Curbo u	Gutter	, LLC		·•
2. The mailing address of	the limited liability co	ompany is: _	10859 8	meral4	Coast F	) <u>k wy.</u> ,	·
Suite 204-215	, Dosty FE 3:	2550					
8/10/04			1.040	1000 593	32		
3. Date of filing/registration in Florida 4. Document number					<del></del>		
5. The name of the register Florida Department of S	red agent and the regintate:			own on the	records	of the	
	Pensacra For	Address	<u>«</u>				
6. The name and address o	f the new registered a	ngent and/or o	ffice:				
- - -	11 Cobia C Florida street addres Santa Rosa Boul City, S	Name but  ss (P.O. Box )  FL 32  State and Zin	459		Ci Dame		TILED
If the limited liability componfirmed that after the chand the business office of the liability company, it is here the members of the limited the operating agreement of the perating agreement of the	cany is not organized ange or changes are not need to be registered agent we by confirmed that the liability company or the limited liability company or	under the law made, the Flor vill be identica e change(s) w as otherwise company.	s of the Stat ida street add I. Or, in the as/were auth	e of Florid dress of the case of a I orized by a the articles	a, it is to register Torida lii an affirma of organ	reby ed office mited ative vo	te of
(Printed or typed name of signee)		<del> </del>					
I hereby accept the appoint comply with the provisions and I am familiar with and Chapter 608, P.S. Or, if the address, I hereby confirm to	ntment as registered a of all statutes relative accept the obligation is document is being that the limited liabili	agent and agree to the proper ns of my posit filed to merel ity company h	ee to act in tier and complion as regist y reflect a class y reflect a class been notif	his capacit lete perfori ered agent hange in th fied in wrii	y, I furth nance of as provid the registe, ting of thi	er agre my duti ded for i red offic is chang	e to es, in :e :e.
(Signature of Registered Agent)							
/ Divisior	of Corporations, P	O. Box 6327	, Tallahasse	e, FL 323	14		

FILING FEE: \$25.00

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