## L04000062582

Fisher & Lawrence, P.A. 80 NE 168th St North Miami Beach, FL 33162
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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SECRETARY OF STATE
SECRETARY OF STATE

## 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 lia	bility company is:	THREE GENERATION I	NVESTMENTS, LLC.
2. The mailing address of the			
North Miami Beach, FL 33			
08/24/2004		L04000062582	
3. Date of filing/registration in Florida		4. Document nu	mber
5. The name of the registered a Florida Department of State	<b>:</b>		on the records of the
<u>-</u>	sher & Lawrence,		_
11.	25 NE 125th Stre	Name et, Suite 201	
Address North Miami, FL 33161			
	City, S	State and Zip	
6. The name and address of the	e new registered ago	ent and/or office:	
Fis	sher & Lawrence,	P.A.	_
80	NE 168th Street	ame	
Flo	orida street address	(P.O. Box NOT acceptable)	
No	rth Miami Beach,	<sub>FL</sub> 33162	
	City, St	ate and Zip	-
If the limited liability company confirmed that after the change and the business office of the re liability company, it is hereby the members of the limited liability the operating agreement of the	e or changes are ma registered agent will confirmed that the	de, the Florida street address the identical. Or, in the case change(s) was/were authorize	s of the fregistered office e of a Blogida limited ed by an affirmative you
(Signature of a prember or authorized re	epresentative of a member	)	OR T
Joshua Fisher			5 5 5 S
(Printed or typed name of signee)			
I hereby accept the appointme comply with the provisions of and I am familiar with and acc Chapter 608, F.S., Or, if this a address, I hereby confirm that	ent as registered ag all statutes relative cept the obligations locument is being firthe limited liability	ent and agree to act in this c to the proper and complete of my position as registered led to merely reflect a chang company has been notified	apacity. I further agree to performance of my duties, agent as provided for in use in the registered office in writing of this change.
(Signature of Registered Agent)			

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

FILING FEE: \$25.00