L04000067652

(Requestor's Name) 10552 Walnutvalley dv. Bayaron Bal FL 33437.	MS MAY -2
(City/State/Zip/Phone #) PICK-UP WAIT MAIL	
(Business Entity Name) (Document Number)	
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RY OF STATE

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05/02/05--01006--005 **25.00

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

liability company submits is agent, or both, in the State	the following statement in of Florida.	order to change its r	utes, the undersigned limited egistered office or registered
 The name of the limited The mailing address of t 	liability company is:	D&N INVESTM	ent Group L.L.C.
2. The mailing address of t	he limited liability compar	ny is: 10552	walnut valley dr.
Bayaton Bal	FL 33437		·
09/13/2004			000067652
3. Date of filing/registration	n in Florida	4. Document	number
5. The name of the registere Florida Department of St	ate:		n on the records of the
	Nick GAGNO	<u>~</u>	· ·
	7861 Wentur	re conterway	#3112
_	Addr	ess 73424	Accounts 5
-	City, State	re continually ress 33437 and Zip	<u>. </u>
6. The name and address of			
	NICK GAPINO	\sim	
_	Nich GAGNO 10552 Walnux	- Novelic	
-	Florida street address (P.C		_ o)
	•	-	두밥 늘
1,	boyutan Bladd FL City, State a	nd Zin	
If the limited liability comp confirmed that after the cha and the business office of the liability company, it is herel the members of the limited the operating agreement of	any is not organized under nge or changes are made, the ne registered agent will be by confirmed that the chan liability company or as off	the laws of the State of the Florida street addresidentical. Or, in the cauge(s) was/were author herwise provided in the	ess of the registered office.
M	- <u>.</u>		
(Signature of a member or authorize Nick 6-14 9Not	•		
(Printed or typed name of signee)		16 - • •	
I hereby accept the appoint comply with the provisions and I am familiar with and Chapter 608, F.S. Or, if the address, I hereby confirm the	ment as registered agent of all statules relative to the accept the obligations of new document is being filed that the limited liability con	ind agree to act in this ie proper and complet iy position as registers to merely reflect a cha npany has been notifie	capacity. I further agree to e performance of my duties, ed agent as provided for in nge in the registered office d in writing of this change.
(Signature of Registered Agent)		, -	•
Division	of Corporations, P.O. Bo	ox 6327. Tallahassee.	FL 32314

FILING FEE: \$25.00

INHS18(10/99)