204000069859

	J. D. Morrison, Jr. 10 S Treasure Dr. Bay Village, FL 331	41
(Add	iress)	
(City	//State/Zip/Phone	<i>= #</i>)
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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.

agent, or both, in the sia	se by Prorums.				
1. The name of the limit	ed liability company is:	JUNIUS	DAVIS	MORRISO	U, TR. LL
2. The mailing address of	of the limited liability co	mpany is : /	510 S. 7	REASURE	DRIVE.
		N, B	AY VILLY	tGE, FL	33/41
SEPT. 24,	2004		L04000	0069859	}
3. Date of filing/registra	tion in Florida	4	. Document	number	
5. The name of the regist Florida Department of	ered agent and the regist State: CORPORATE CRE				is of the
	11380 PROSPE	Name RITY FAR		-	
	PALM BEACH	Address GARDEN: State and Zip	s, FL 3	3410 A V	95 NW 19
6. The name and address	of the new registered ag	ent and/or offi	ce:		6
	J. D. MORRISO				=
	1510 S. TREA	Name SURE DI	2	- 03 - 03	n e E E
	Florida street address	(P.O. Box NO	T acceptable		3551
N.BA	ty VILLAGE	FL 3	3141	-	
		tate and Zip			
If the limited liability corconfirmed that after the cand the business office of liability company, it is he of the members of the lir or the operating agreement	hange or changes are ma the registered agent will breby confirmed that the nited liability company on tof the limited liability	ide, the Florida I be identical. change(s) was or as otherwise company.	street addres Or, in the cas /were authori	ss of the registe se of a Florida zed by an affir	ered office limited mative vote
Junio Davis		***************************************			
(Signature of a member or author	· ·	•			
(Printed or typed name of signee	MORRISON, T	<u> </u>			
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 Munio Ouvie	intment as registered ago is of all statutes relative ad accept the obligations this document is being fi that the limited liability	ent and agree to the proper of my position led to merely recompany has	to act in this condition to the complete as registered effect a change been notified	capacity. I furn performance of agent as provinge in the regist in writing of the	ther agree to f my duties, ided for in ered office ris change.
(Signature of Registered Agent)		··- 			

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

INHS18(10/99)

FILING FEE: \$25.00