## L04000091107

Jeff Sharkey Screening XXC 1302 S.F. 40 Der. Cape Coral, 7-1.33904

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TALLAMASSEE, FLOR

21005

## 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 blate	*		
1. The name of the limited	d liability company is:	JEFFREY SHARKEY SCR	EENING LLC
2. The mailing address of	the limited liability cor	mpany is :	
1302 SE. 40 TER. C	APE CORAL,FL. 339	04	
12/16/04		L04000091107	
3. Date of filing/registrati	on in Florida	4. Document num	ber
5. The name of the register Florida Department of S	red agent and the regist State: DAVID SHARKEY	ered office address as shown or	n the records of the
	1302 S.E. 40 TER.	Name	
	CAPE CORAL,FL. 3	Address 13904 State and Zip	<b>05 F</b> TALL
6. The name and address of the new registered agent and/or office:			
	CARRIE SHARKEY		FILED B-7 AM HASSEE,
	1302 S.E. 40 TER. N	ame	FILED  5 FEB -7 AM 11: 05  ALLAHASSEE, FLORIDA
	Florida street address	(P.O. Box NOT acceptable)	) Reference
	CAPE CORAL,FL.	FL 33904	D.
	City, St	ate and Zip	
confirmed that after the ch and the business office of t	ange or changes are ma	nder the laws of the State of Flode, the Florida street address of be identical. Or, in the case of change(s) was/were authorized to otherwise provided in the artimpany.	f the registered office
Signaphre of a member or authoriz	and a process fative of a member		
JEFFREY SHARKEY	indepresentative of a member,	•	
(Printed or typed name of signee)			
	ntment as registered agi of all statules relative accept the obligations us document is heing flu that the limited liability	ent and agree to act in this cap to the proper and complete per of my position as registered as led to merely reflect a change i company has been notified in	acity. I further agree to formance of my duties, gent as provided for in the registered office writing of this change.

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

FILING FEE: \$25.00

INHS18(10/99)