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M. THOMAS

OCT - 3 2008

EXAMINER

COVER LETTER

TO:	Registration Section Division of Corporations	٠,		
SUBJ		Q, LLC d Liability Company)		
Dear S	ir or Madam:			
The er	closed Registered Agent/Registered Office Ch	ange and fee(s) are submitted for filing.		
Please	return all correspondence concerning this mat	ter to the following:		
	Bran J. Pruett (Name of Person)	·	T:0 B	
	NEHUSHTAN OF SRQ, LLC (Firm/Company)	· · · · · · · · · · · · · · · · · · ·	OCT -2 N	
60	(Address)	Su(tzo)	OF STATE	
	Savasota FL 3101 (City/State and Zip Code)	<u> </u>		
For further information concerning this matter, please call:				
	(Name of Person) at (9)	11) 684-5212 Area Code & Daytime Telephone Number)	_	
	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314		
Enclosed is a check for the following amount:				
	☑ \$25 Filing Fee	3 \$55 Filing Fee & Certified Copy		

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.

NTTITITE	IOITTED TO THE TOTAL PROPERTY OF THE TOTAL P			
1. Name of the limited liability company:	SHTAN OF SRQ, LLC			
2. (a) Principal office address of limited liability company (Note: MUST BE STREET ADDRESS)	: 1990 Main St. Soite 700 Sarasote, FL 34636			
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	P.O. BOX 3948 HHM: John Moran Esq Soura sota FL 3420			
De Cember 29,2004 3. Date of filing/registration in Florida	LO400094075 4. Document number			
5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:				
Registered Agent:	Moran John A			
Registered Office Address:	1990 Way Street & Sarasou, FL 31355			
(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:				
NEW Registered Agent:	V Registered Office address: Brian J. Prvett			
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	501/2 Lake Osprey DAR 501/2 201 Barasota, FL 3-13-40			
If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company. (Signature of a member or authorized representative of a member)				
Bran J. Prvett	-			
(Printed or typed name of signee) I hereby accept the appointment as registered agent and as comply with the provisions of all statutes relative to the provisions of my position of my p	gree to act in this capacity. I further agree to per and complete performance of my duties, and I as registered agent as provided for in Chapter 608, hange in the registered office address, I hereby in writing of this change.			