L05000001483

(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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SECUEDA SOLUTION IN 19

COVER LETTER

TO: Registration Section Division of Corpor			
SUBJECT: <u>RODER</u>	Name of Limited	WHAT TRANS PORTS Liability Company)	· Services
Dear Sir or Madam:			
The enclosed Registered A	Agent/Registered Office C	Change and fee(s) are submitted	for filing.
Please return all correspon	dence concerning this ma	atter to the following:	
	ne of Person) Italiability Then	(SPORT	
2248 BUR			
LAKELAND, FL (City/Sta	33 SOI te and Zip Code)		
For further information co	-	fb3 559-05	SECRE 97
(Name of P	'erson)	(Area Code & Daytime	
STREET/COURIE Registration Section Division of Corpora Clifton Building 2661 Executive Cen Tallahassee, Florida	tions ter Circle	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314	
	ck for the following amo		
▼ \$25 Filing Fee		\$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.
1. The name of the limited liability company is: KODK 16U22 MULTICIONAL + THOUSA
2. The mailing address of the limited liability company is: 2248 Burus 57
LAKELAND, PL 33801
1/5/05 L0500000/483
3. Date of filing/registration in Florida 4. Document number
5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State: OKPONATION SEXUICE COMPANY Name 1201 Hays 5T Address Tallaha 5565 FL 32301 City, Stafe and Zip
6. The name and address of the new registered agent and/or office:
JUAN RODRIGUEZ
Name -
2248 BURIS 2T
Florida street address (P.O. Box NOT acceptable)
LAKELAND FL 33801
City, State and Zip
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)
JUAN RODALBUEZ
(Printed or typed name of signee)
I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability company has been notified in writing of this change.

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00