L05000008940

Freddy D. Carter
Weddy D. Carta (Requestor's Name) Lord Brecca Ct.
(Address)
Apo pla, 7/ 327/2-400 (City/State/Zip/Phone #)
PICK-UP WAIT MAIL
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(Document Number)
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SECRETARY IS ALLAMANSSEE, FELL

15 MAR - 7 AH 10: 5

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 compan	y is: Sunvest Properties, LLC		
2. The mailing address of the limited liabili		ok Cir #1333B	
Orlando, FL 32810			
01/28/05	L0500000894	0	
3. Date of filing/registration in Florida	da 4. Document number		
5. The name of the registered agent and the Florida Department of State: Freddy D. Cart	er	on the records of the	
380 S. State Re	Name d. 434 Ste. 1004 #303		
Altamonte Spri	Address ngs, FL 32714 City, State and Zip	-	
6. The name and address of the new register	ed agent and/or office:	51	
Rafael A. Ruiz		2005 SEC	
2115 Grand Bro	2115 Grand Brook Cir. #1333B		
Florida street ad	dress (P.O. Box NOT acceptable)		
Orlando	FL 32810		
Ci	ty, State and Zip	9:5	
If the limited liability company is not organi confirmed that after the change or changes a and the business office of the registered ager liability company, it is hereby confirmed that the members of the limited liability company the operating agreement of the limited liability.	re made, the Florida street address nt will be identical. Or, in the case it the change(s) was/were authorize y or as otherwise provided in the ar	of the registered office of a Florida limited d by an affirmative vote of	
(Signature of a member or authorized representative of a n	nember)		
Freddy D. Carter			
(Printed or typed name of signee)			
I hereby accept the appointment as register comply with the provisions of all statutes rel and I am familiar with and accept the obligate Chapter 608. F.S. Or, if this document is be address, I hereby confirm that the limited lia	ed agent and agree to act in this ca ative to the proper and complete p ations of my position as registered o ing filed to merely reflect a change ability company has been notified in	pacity. I further agree to erformance of my duties, agent as provided for in in the registered office mriting of this change.	
(Signature of Registered Agent)			
Division of Corporations	s, P.O. Box 6327, Tallahassee, FL	. 32314	

FILING FEE: \$25.00

INHS18(10/99)