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1200 Tin	n Ct.	
(A	ddress)	·
(A	ddress)	
Orlando	.FI 328	35
(C	ty/State/Zip/Phone #	f)
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Certified Copies	Certificates o	f Status
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Office Use Only



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SECRETARY OF STATE LANASSEE, FLORIDA

## 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 lia	bility company is:	CAlcu	lateo	MAI	tet. 14	<u>AMO</u>	]hves	ctuants
2. The mailing address of the	limited liability cor	npany is : _	2201	3	reks	M	D1-	
OILAND, FI.	32803						·	
212312002			L 050	<u>रहर ह</u>	0810	53		
3. Date of filing/registration i	n Florida		4. Documer	nt numb	er			
5. The name of the registered Florida Department of State	a•				the recor	ds of th	e	
<del></del>	000 T	Name	<u></u>					
لــــ	1979 11	Address	• 	<del></del>				
	ANTONIO 222 Tin Oclamos	State and Zi	₽ <i>89≥</i>					
6. The name and address of the								
	ANTONO !	Senre						
	2001 E C	solocie)	DC					
F	orida street address	(P.O. Box	NOT accepta	ble)				•
	)(  pm>=	FL 3	2803					
	City, St	ate and Zip						
If the limited liability compan confirmed that after the chang and the business office of the liability company, it is hereby the members of the limited lift the operating agreement of the	c or changes are marcgistered agent will confirmed that the bility company or a limited liability co	ide, the Flor I be identicated change(s) was otherwise impany.	rida street add	dress of	the regis	tered of	fice	
(Signature of a member or authorized r	(/	)			RY O	72	Carrier of the Carrie	:
(Printed or typed name of signee)	enru				F S7	P# II	y II I Verseg	0
I hereby accept the appointm comply with the provisions of and I am familiar with and ac Chapter 108, F.S. Or, if this c address, Thereby confirm that (Signature of Registered Agent)	ent as registered ag all statutes relative cept the obligations locument is being fi the limited liubility	ent and agr to the prop of my posit led to mere company h	ee to act in the er and compl jon as regist y reflect a ch as been notif	is capa ete perfe ered age lange in led in w	city I fur city I fur city and an early the regis riting of	Ther ace of my a sixted for the control of the cont	ree to uties, or in ffice inge.	

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

INHS18(10/99)

FILING FEE: \$25.00