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SECRETARICUE STATE
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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	SOLE INVESTMENTS II, L.L.C.	·
2. The mailing address of the limited liability c	company is : 1905 Morrill Street, Sarasota, I	FL 34236
02/28/2005	L05000019840	
3. Date of filing/registration in Florida	4. Document number	
5. The name of the registered agent and the registered agent		
Birnbach, Jeffre	Name TE	07
1943 Morrill Stree	t vanie	拼
1040 (4011111 04100	Address	FILED AY-1 PH
Sarasota, FL 342	36	- m
City	, State and Zip	. 골 ㅁ
6. The name and address of the new registered a	agent and/or office:	FILED PH 2: 21
<u>Hanan, Benjamin</u>	1 R. ♀	て
240 S. Pineapple		
Florida street addres	ss (P.O. Box NOT acceptable)	
Sarasota	FL 34236	
City, S	State and Zip	
If the limited liability company is not organized confirmed that after the change or changes are n and the business office of the registered agent which is the company, it is hereby confirmed that the of the members of the limited liability company or the operating agreement of the limited liability.	made, the Florida street address of the registere zill be identical. Or, in the case of a Florida ling e change(s) was/were authorized by an affirmate y or as otherwise provided in the articles of org ty company.	ed office nited ative vote
Signature of a member or authorized representative of a memb	per)	
Philip Chnielski (Printed or typed lame of signee)		
I hereby accept the appointment as registered a comply with the provisions of all statutes relative and I am familiar with and accept the obligation Chapter 608, F.S. Or, if this document is being address, I hereby confirm that the limited liability	ngent and agree to act in this capacity. I furthe e to the proper and complete performance of i is of my position as registered agent as provid filed to merely reflect a change in the register ty company has been notified in writing of this	er agree to ny duties, ed for in ed office change.
(Signature of Registered Agent) Division of Cornorations, P.	O. Box 6327, Tallahassee, FL 32314	
Division of Corporations, F.	Dua uja /, Tahaha35CC, P.D. J2J14	

FILING FEE: \$25.00

INHS18 (8/05)