L05000022526

(Re	equestors	Name)			
MONTAGNA 14001 LAVANTE CT BONTA SPRINGS FL 34135 _					
(Ci	ty/State/Z	ip/Phone	#)		
PICK-UP	□ ∨	VAIT	MAIL		
(Bi	ısiness E	ntity Nam	e)		
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09/19/05--01007--008 **25.00

SECRETARY OF STATE

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 limite	d liability company is:	R & M Montagna Family LI	LC	
		mpany is : 14001 Lavante C		
Bonita Springs, FL 341				
3/2/2005		L05000022526		
3. Date of filing/registration in Florida		4. Document number		
5. The name of the registe Florida Department of S	State:	tered office address as shown o	n the records of the	
	Ronald J. Montagna			
	28625 San Lucas L	Name n Apt 202		
	Bonita Springs, FL	Address 34135 State and Zip		
6. The name and address of	of the new registered ag	gent and/or office:	_	
Ronald J. Montagna		ZIDOS		
	Name 14001 Lavante Ct		TILE 2005 AUG 19 / SECRETARY OF	
	Florida street address	(P.O. Box NOT acceptable)	Y OF	
	Bonita Springs	_{FL} 34135		
	City, St	tate and Zip	9 5. ORID	
confirmed that after the ch and the business office of	the registered agent will be confirmed that the diability company or a f the limited liability company or a f	ander the laws of the State of Flade, the Florida street address of libe identical. Or, in the case of change(s) was/were authorized as otherwise provided in the art ompany.	of the registered office of a Florida limited	
Ronald J. Montagna				
(Printed or typed name of signee)				
- Your low	ntment as registered ag s of all statutes relative d accept the obligations his document is being f that the limited liabilit	gent and agree to act in this cap to the proper and complete pe s of my position as registered a iled to merely reflect a change y company has been notified in		
(Signature of Registered Agent)	0			

FILING FEE: \$25.00

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

INHS18(10/99)