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		2005 JUL 25 F
	(Requestor's Name)	TALLAHASSEE
	(Address)	
	(Address)	
	(City/State/Zip/Phone	#)
PICK-UF	WAIT	MAIL
	(Business Entity Nam	e)
	(Document Number)	
Certified Coples	Certificates	of Status
Special Instructions	to Filing Officer:	
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Office Use Only



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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

ł	Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersign ed lim ited limited to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersign ed lim ited liability company submits the following statement in order to change its registered office or feelstered agent, or both, in the State of Florida.			
	The name of the limited liability company is: L&K Investors, LLC			7005 JUL 25 - F
			mpany is: 1726 7th Avenue, Su	-
	Tampa, FL 33605			TALLAHASSEE, I
	05/03/2005 L050000		L05000043519	
3. Date of filing/registration in Florida 4. Document		4. Document number	<u> </u>	
5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State: Marco Alessandro Caporale				e records of the
Name 3001 N. Rocky Point Drive East, Suite 200				
Address Tampa, FL 33607				
City, State and Zip				
6. The name and address of the new registered agent and/or office:				
	Independent Executive Management, LLC			
		1726 7th Avenue, Suite 22		
		Florida street address (P.O. Box NOT acceptable)		
		Tampa	FL 33605	
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)			
Marco Alessandro Caporale				
(Printed or typed name of signee)				
I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree comply with the provisions of all statutes relative to the proper and complete performance of my duticand I am familiar with and accept the obligations of my position as registered agent as provided for a Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, thereby confirm that the limited liability company has been notified in writing of this change (Signature of Registered Agent)				ty. I further agree to mance of my duties, to a provided for in the registered office iting of this change.

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

FILING FEE: \$25.00

INHS18(10/99)

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