L05000049846

Exit Really Intinity (Requestor's Name)
(Requestor's Name)
17th Andy Rivera (Address)
1481 WP Bow Blud (Address)
Sanford FL 32771 (City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
Office Use Only



100058567441

##25.00 ***25.00

FILED

1005 AUG 29 P 2: 4

SECRETARY OF STATI

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: INE	inity SANFORD LLC	
2. The mailing address of the limited liability company is: 749 Creen water her 11365.		
	Lake MARY FL 32746.	
MAY 11 2005	L05000049846	
3. Date of filing/registration in Florida	4. Document number	
5. The name of the registered agent and the registered office Florida Department of State:		
Andres C River +	FAFURTY SANKURD LLC	
749 Creer warr	FREINITY SANGUL LLC R THE #215 32746 Zip	
Address Lave Many FL	32746	
City, State and	Zip	
6. The name and address of the new registered agent and/o		
1000 Andres C Name 2511 ARACUS C	River	
Name	.T	
Florida street address (P.O. Bo	ox NOT acceptable)	
LAKL MARY FL City, State and Z	32746	
City, State and Z	Cip .	
If the limited liability company is not organized under the confirmed that after the change or changes are made, the F and the business office of the registered agent will be identiability company, it is hereby confirmed that the change(s) the members of the limited liability company or as otherwithe operating agreement of the limited liability company. (Signature of a member or authorized representative of a member)	lorida street address of the registered office tical. Or, in the case of a Florida limited was/were authorized by an affirmative vote of ise provided in the articles of organization or AFETAN	
Andres CRIVER P/20/05 (Printed or typed name of signce)	FD A P 2 EE.FLO	
(Printed or typed name of signee) I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the prand I am familiar with and accept the obligations of my pochapter 608, F.S. Or, if this document is being filed to me address, I hereby confirm that the limited liability companions of Registered Agent)	ngree to act in this capacity. Hin ther agree to oper and complete performance of my duties, osition as registered agent as provided for in early reflect a change in the registered office y has been notified in writing of this change.	

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

FILING FEE: \$25.00