## 105000054308

<u> </u>							
Jeff Massie (Requestor's Name)							
2175 Sunnyside lane (Address)							
(Address)							
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,							
Savasota Fl 34239 (City/State/Zip/Phone #)							
(organical Epit Honor)							
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(Business Entity Name)							
105-54208							
(Document Number)							
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M. HODGES

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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 limit	ed liability comp	any is: _F	ive Six T	wo Ventures, L	LC			·
2. The mailing address of						ess C	4	selt.
				Sarasota, FL 34				 
06/01/2005				L0500005430	8			
3. Date of filing/registration in Florida			4. Document number					
5. The name of the regist Florida Department of	State:	Ū	ed office a	ddress as shown	on the reco	rds of t	the	
	Jeffrey H. Ma		ame		-			
	6315 Rosefin			ļ				
	Bradenton, F		dress					
	Diadenton, I		ite and Zir	)	- 5	Si 05	2	
6. The name and address	of the new regist	• •	-		LLAHAS	TORE THE	01 day	<b>T</b>
	2175 Sunnys	Nan ide Lane	ne				PM 12: 27	ED
	Florida street	address (P	P.O. Box N	OT acceptable)			? ?:	
	Sarasota,	<u>F</u>	L 34239			⊃rπi '	7	
		City, State	e and Zip					
If the limited liability corconfirmed that after the cand the business office of liability company, it is he the members of the limite the operating agreement of the limited that the limited liability corconfirmed that after the candidate of the limited that the limited that after the candidate of the limited that after the	change or changes f the registered as creby confirmed t ed liability comp	s are made gent will b hat the cha any or as c	e, the Flori be identica ange(s) wantherwise p	da street address l. Or, in the case is/were authorize	of the regise of a Florided by an affi	stered o a limit irmativ	offic ed /e vo	ote of
(Signature of a member or autho	rized representative of	a member)						
Jeffrey H. Massie, CE	o							
(Printed or typed name of signee	)							
I hereby accept the appo comply with the provision and I am familiar with at Chapter 608, F.S. Or, if address, I hereby confirm	intment as regist ns of all statutes ad accept the obli this document is a that the limited	ered agen relative to igations of being filed liability co	tt and agre the prope f my positi d to merel ompany hi	e to act in this co r and complete p on as registered y reflect a chang as been notified i	apacity. I fi performance agent as pr e in the reg in writing o	irther of my ovided istered this c	agre dut l for l offi hän	e to ies, in ce ge.
(Signature of Registered Agent)			_					

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

INHS18(10/99)

**FILING FEE: \$25.00**